



Student Employment *Request for Employment Increase*

Instructions:

1. Student employee completes Section 1 and 2.
2. Department/Employer completes Section 3. **By signing this form I understand additional funding will be charged to my department's Student Employment budget. If the department doesn't have adequate SE funds, approval must be obtained from the Student Employment Office prior to submitting this form to Financial Aid.**
3. Form is sent to the Financial Aid Office for authorization.
4. Employee and Employer will receive an email approval/denial within 48 hours.

1. Student Information

Student Name: _____

Student ID Number: _____

On-campus student employment is primarily a need-based financial aid program. **Increases are granted on a limited basis, and only for unusual circumstances.** Please provide a brief explanation as to why you are in need of an increased student employment award:

I understand that I cannot begin working additional hours until I receive notification from the Financial Aid Office that this request has been approved.

Signature: _____ Date: _____

2. Requested Award Amount Increase

	Award	Effective Dates
Fall	\$ _____	_____
January	\$ _____	_____
Spring	\$ _____	_____

3. Hire Confirmation and Details

Department:	_____	Position Title:	_____
Budget Number:	_____	Tier Level:	_____
Supervisor Id #:	_____	Pay Rate:	_____
Supervisor Name:	_____		

Supervisor Signature: _____ Date: _____

Office Use Only: Amount Approved: \$ _____ Fund Type: _____

Entered by HR Approved By: _____