REQUEST FORM
FOR
STUDENT WAGE EMPLOYMENT

BUDGET CODE__________________ DATE________________________

STUDENT’S NAME__________________ GEN ID# V____________________

ENROLLMENT STATUS DURING EMPLOYMENT: □ FULL-TIME- Enrolled □ PART-TIME-Enrolled
□ FULL-TIME – Not Enrolled □ PART-TIME- Not Enrolled

JOB TITLE_________________________ SUPERVISOR____________________

DEPT_____________________________ TELEPHONE #_________ P.O. Box__________________________

The purpose of this form is to request the employment of a Virginia State University student in the Student Wage Employment Program. The source of payment is Departmental Funding.

Requestor:
1. Please complete and submit this form to the Office of Student Financial Aid, Gandy Hall, Room 104, AT LEAST FIVE (5) WORKING DAYS BEFORE the projected beginning date of employment.
2. Have student complete the Application of Employment for the State of Virginia @https://jobs.agencies.virginia.gov
3. An A-21 must be completed with all signatures as required.(Start date of employment must correspond with start date on the A-21)
4. Once the contract request is completed, the Regular Student Wage Employment Contract is issued to the requesting department.
5. The application of employment, A-21 and contract must be sent to the Budget Office for approval, then Human Resources.

Student:
• The I-9 form MUST be completed IN the office of Human Resources on the day employment begins with the original Social Security Card or Birth Certificate or Passport of employee..
• A student CANNOT work Regular Student Employment and College Work Study.
• A student can work twenty-five (25) hours per week.
• A student can work during the Summer, if he/she is enrolled for the Fall semester of the upcoming academic year.*****

(Please complete all sections)

Period of employment FROM: ____/____/____ TO: ____/____/____

Maximum Funding Available: $___________________

Hourly Rate: $___________________

Requestor’s Signature__________________________

Contract request forms may be mailed or e-mailed or faxed to: Zelda Tucker-Dugger Work Study Coordinator E-mail: zdugger@vsu.edu Mail: P. O. Box 9031, Campus Fax: 804-524-6818 Telephone: 804-524-5329

DO NOT WRITE BELOW THIS LINE

RSE CONTRACT RECEIVED ____/____/____ RSE CONTRACT SENT ____/____/____

Revised 08/12/2010