

# The University of Akron Career Services - Student Employment

Student Union 211 Akron, OH 44325-4306 Email: studentemployment@uakron.edu Phone: 330-972-7747

## Student Employment Hire/Rehire

SECTION 1: TO BE COMPLETED BY STUDENT					
Student ID	Student Last Name	Student First Name		Middle Initial	
Mailing Address		City	State	Zip Code	County
University of Akron Email Address  _____@uakron.edu		Phone Number		I certify that I am: <input type="checkbox"/> A U.S. citizen or national <input type="checkbox"/> A permanent resident <input type="checkbox"/> An alien authorized to work in the U.S.	
I understand that to be employed as a student employee at The University of Akron, I must be enrolled and certified as a student. I understand that I may be terminated if I no longer meet the eligibility requirements. I certify that I meet the minimum age requirement of 18 years to be eligible to work on campus as a student employee. Eligibility requirements are listed in the Student Employment Manual.					
Signature of Student Employee				Date	

SECTION 2: TO BE COMPLETED BY HIRING DEPARTMENT - ALL FIELDS ARE REQUIRED					
ACTION: <input type="checkbox"/> Hire <input type="checkbox"/> Rehire at same pay rate <input type="checkbox"/> Rehire with account code change <input type="checkbox"/> Rehire with pay rate change <span style="color: red; font-weight: bold;">*requires student signature below</span>			Job Code: <input type="checkbox"/> Non-Federal Work Study Student Employee (5401) <input type="checkbox"/> Federal Work Study Student Employee (5408)		
Requested start date	Account Code(s) (Speedtype)	Dept. Code	Department	Student Status: <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Graduate student <span style="color: red; font-weight: bold;">*requires signature</span> <input type="checkbox"/> Professional student	
Job title and description				Pay rate \$ _____ /hour	
Supervisor Name:		Supervisor ID number:	Supervisor Email:		Zip + 4:
			_____@uakron.edu		
Signature of Supervisor			Date	Signature of Department Head	
Signature of Graduate School for all grad. students			Date	Grant Approval signature (if needed)	

SECTION 3: TO BE COMPLETED BY CAREER SERVICES STUDENT EMPLOYMENT										
FWS period of eligibility to work						FWS award: <span style="color: red; font-weight: bold;">* The award may be modified due to future changes in eligibility or due to available funding</span>			Form I-9	
TO						\$ _____			<input type="checkbox"/> Received <input type="checkbox"/> On file	
Fall	Spring	Inter	Sum I	Sum 8 week	Sum II	Credit Hrs.	Rank	GPA check	Reviewer Initials	Eligible start date
Signature of Career Services Student Employment						Date	Signature of Student <span style="color: red; font-weight: bold;">(pay rate change only)</span>			Date
										Record #

*Incomplete Forms (missing information or signatures) will be returned to the department and may delay the eligible start date and eventual payment for student employee.*