



2016-2017

Student Employment Change Form

Name of Student: _____ Banner ID: _____

Reason: _____

(Termination of position, change of rate, change of org #, etc.)

Additional Comments (optional): If student was dismissed, please comment. If pay rate change is more than \$8.35/hr. – please attach rate approval from the business office. If org # change, please indicate previous org # and new org #.

Department Name: _____ Org. # _____ Date: _____

Supervisor (print name): _____ Ext. # _____

Supervisor (signature): _____