



## **Student Employment Change Form**

Student Name: \_\_\_\_\_ JCU 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 \$8.80/hr. – please attach pay rate approval from the business office. If org # change, please indicate previous org # and new org #.

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Department Name: \_\_\_\_\_ Org #: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (print name): \_\_\_\_\_ Ext. #: \_\_\_\_\_

Supervisor (signature): \_\_\_\_\_