STUDENT EMPLOYMENT ACTION FORM

UNIVERSITY OF NORTHERN COLORADO

Student Employment Office
Carter Hall 1005 Campus Box 33
Greeley, Colorado 80639
(970) 351-2628

Student Name**_______________________________________ *Bear#* ________________________**

Job Position Number (Circle One) ***SH9997*** ***SH9998***

Job Suffix Number (Circle One) ***00 01 02 03 04 05 06 07 08***

(Summer Suffix) ***S0 S1 S2 S3 S4 S5 S6 S7 S8***

Please complete the following section for this student employee.

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SECTION I: CHANGING STUDENT'S WAGE RATE

FOAP#_____________________________________ Old Rate $___.____ New Rate $___.____

Reason for Pay Rate Change:

____

____

Effective Date at the Beginning of Pay Period: __________ / 1 or 16 /__________
(Circle One)

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SECTION II: CHANGING STUDENT'S BUDGET CODE OR TIME SHEET ORG

Old FOAP # ______________________________ New FOAP # ________________________

Time Sheet Org Old Number_____________________ New Number__________________________

Effective Date at the Beginning of Pay Period: __________/ _1 or 16_ /__________
(Circle One)

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SECTION III: DELETION OF STUDENT EMPLOYEE FROM THE PAYROLL SYSTEM

Deleting a student employee who will no longer be paid from this budget code:

FOAP # _______________________________________Last date student worked?____________________

Reason for Action: ____

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Action will not be taken without department name and authorized signature.

Department Name **____________________________________** ***Phone*** **______________________**

Authorized Signature **__________________________________** ***Date*** **________________________**

__________ Entered by __________ Date __________ Checked by __________ Date