Student Employment Change Form

Employee Information:

Last Name: First Name: M.I.:

Student ID #: Department Name:

Department Account #: Student Employee Job Title:

Check the applicable box(es):

☐ **Pay Rate Change: _____ Pay Period Effective Date: _____**

☐ **Involuntary Termination Date: _____**

☐ **Voluntary Termination Date (Still enrolled): _____**

☐ **Graduated or left University: _____**

☐ **Leave of Absence- Effective: _____ Return Date (If known): _____**
(A new form will need to be submitted to re-activate if Return Date is left blank)

☐ **Award Change: _____**
(Switch to Work-Study or Budget)

☐ **New Cost Number: _____**
(Cost number for award change or department account change)

☐ **New ADP (E-Time) Supervisor (Name): _____**

☐ **Miscellaneous Changes: _____**

**** ADDRESS change can be updated by the student through MyWebster ****
**** NAME change must be done by the student through the Registrar's Office ****

_____ _____ _____
Supervisor Signature **Print or Type Name** **Date**

Student Employment Section:

Student Employment Approval: _____ Date: _____