STUDENT APPOINTMENT REQUEST FORM

Note: To qualify for student employment at LSUA you must be a full time student with course load of 12 credit hours in the Fall & Spring semester and have a 2.0 Cumulative GPA.

Name: _____   Email Address: _____ _____

LSUA ID #:_____   Department: _____

TO THE STUDENT: Read carefully and sign as indicated below.

1. **In order to work on campus you MUST be enrolled as a full time student and have a GPA of 2.0 or higher.**
2. **It is your responsibility to see that your time is entered via Workday by the appropriate date in order for you to be paid on time. Dates for turning in your time are available from your supervisor and/or HRM.**
3. **You cannot work more than 20 hours per week.**
4. **It is your responsibility to notify your supervisor and HRM if your enrollment status changes (for example, you drop to part-time or resign from LSUA).**
5. **It is your responsibility to notify your supervisor and HRM if you decide to terminate your student employment.**

Student's Statement: I have read the above information and understand my responsibilities.

Signature: _____   Date: _____

To the Supervisor: Complete the information in this box. The student may not begin working until the appointment process is complete and HRM has notified you that the student may begin working.
Work study approvals send to Financial Aid Box 29.   Regular student worker approvals send to Records Box 6.

_____   _____   _____
Program Number or GR#   **Academic Year**   **Effective Date**

Please check one: Regular: _____   Work Study: _____   Supplemental Instruction: _____

  Pay Rate_____   Please indicate how many hours per week the student worker will work _____

- **I assert there are funds available in my budget to fund this student position. I will monitor that the student has the appropriate GPA and is a full-time student.**

  Supervisor Signature: _____   Date: _____

Registrar's Office: PC# _____

APPROVED	NOT APPROVED
_____	_____
Cumulative GPA	Current Hrs. Enrolled
_____	_____
Initials	Date

Financial Aid Office: PC# _____

APPROVED	NOT APPROVED
_____	
Semester Allotment (Work Study Only)	
_____	_____
Initials	Date

HRM Completion: _____   Date: _____