

Federal Work Study Hire / Correction / Termination Request Form

Today's Date:	Record Number:	PS Empl ID: (NO SSN)	
First Name:	Middle Initial:	Last Name:	Suffix:

Correction/Change Requests (Check all that apply)

Effective Date:
*All changes are effective on the first day of the following pay period

<input type="checkbox"/> Supervisor Change			
From Supervisor		To Supervisor	
<input type="checkbox"/> Pay Rate*			
From \$	/ hr	To \$	/ hr
Justification:			
<input type="checkbox"/> Termination		Last physical day worked:	
(Check all that apply)			
<input type="checkbox"/> Enrollment is < 6units		<input type="checkbox"/> Resign	
<input type="checkbox"/> Terminated		<input type="checkbox"/> Graduated	
<input type="checkbox"/> Other			

Bridge Appointment Termination → Rehire / Rehire Appointment

<input type="checkbox"/> Bridge Appointment Termination	Record #		
Effective Date of Action/Reason:			
Last physical day worked :			
<input type="checkbox"/> Rehire / Rehire Appointment	Record #		
Effective Date of Action/Reason:	Pay rate	\$	/ hr
Appointment End Date:			
Non-Bridge Position Number:		(Office use only)	

Print Name of Student:	Student Signature:		
Print Name of Hiring Supervisor:	Signature of Hiring Supervisor:		
Email:	Dept/Ext:		
Print Name of Coordinator: Patricia Aguilera	Authorizing Signature:	Date Correction/Request:	

Please forward original document to the Student Employment Office at UH-150.