

UNIVERSITY OF LOUISIANA AT LAFAYETTE

Lafayette, Louisiana 70504  
Institutional Application for Campus Employment

**TO BE COMPLETED BY THE STUDENT ONLY**

**Instructions to the Student:**

*It is important that you complete each item accurately and completely, paying particular attention to the following.*

- a. All information should be typed or printed
- b. Must give full name
- c. Must give social security number (If you don't have a social security number give your student I.D. number.)
- d. Must give a complete Mailing address

**Name of Applicant**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ Middle \_\_\_\_\_  
S.S. Number \_\_\_\_\_

**Home Address**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_

**Local Address**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Local Phone \_\_\_\_\_

Classification (Fresh Soph Jr Sr Graduate) Sex (M F) Marital Stat. (S M) No. Exemptions \_\_\_\_\_

Are you a Full Time Student? Yes No Are you on academic probation? Yes No

Major field of Study \_\_\_\_\_ Overall Grade Point Average \_\_\_\_\_

Special Skills and Experience: \_\_\_\_\_

Semester & Year for which are applying \_\_\_\_\_ No. hours per week \_\_\_\_\_

Applicant Name \_\_\_\_\_ S.S.Number \_\_\_\_\_

**TO BE COMPLETED BY THE SUPERVISOR/DEPT. ONLY**

*Instructions to the Department Head/Supervisor: In order to ensure that the student employee is properly added to the payroll you must complete each item requested in this section. The student employee is only authorized to begin work after official notice is given by the Financial Aid Office. Departments will be notified by a written notice. If you wish to extend a student's employment beyond that period originally requested and approved you must submit a new application on the student.*

Name of Department student is to work in \_\_\_\_\_ Ext. \_\_\_\_\_

Department or Restricted number this is to be charged to: \_\_\_\_\_

PLEASE CIRCLE THE SESSIONS(S) THE STUDENT IS TO WORK & LIST MAXIMUM NO. OF HOURS PER WEEK

Spr Br.                  Summer                  Summer Br.                  Fall                  Fall Br.                  Spring  
 Hrs. \_\_\_\_\_          Hrs. \_\_\_\_\_          Hrs. \_\_\_\_\_          Hrs. \_\_\_\_\_          Hrs. \_\_\_\_\_          Hrs. \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Total Amount to be earned for period is \_\_\_\_\_

Date \_\_\_\_\_ Signature of Department Head/Supervisor \_\_\_\_\_

**AFTER COMPLETING THIS SECTION THE APPLICANT MUST BE FORWARDED TO THE BUSINESS AFFAIRS OFFICE FOR APPROVAL. Note: The student works for only the terms(s) indicated above.**

**TO BE COMPLETED BY THE BUSINESS AFFAIRS OFFICE**

*Instructions to the Business Office: In the event this application is disapproved please indicate the reason for disapproval and return to the department originating the request. If the department has not provided the necessary information needed to determine whether the request can be approved you should return the application to the department, stating what additional information is needed in order to continue processing.*

Approved or Disapproved Reason for Disapproval \_\_\_\_\_

Date \_\_\_\_\_ Signature of Business Officer \_\_\_\_\_

**TO BE COMPLETED BY THE FINANCIAL AID OFFICE ONLY**

Folder Number \_\_\_\_\_ or No Folder (TWP only) Initials/Date \_\_\_\_\_

Grad Asst Yes No Slips \_\_\_\_\_ I9 \_\_\_\_\_ W4 \_\_\_\_\_ SAM \_\_\_\_\_ / \_\_\_\_\_

	Spring Break	Summer	Summer Break	Fall	Fall Break	Spring
Number of Hours						
Rate of Pay						
Date and FAO Initials						
Dept No. & Program No.						