



**POSITION AUTHORIZATION FORM**

This form is to be completed with requested information and signatures before being submitted to the Student Employment Office. It must be accompanied by a completed Position Description Form and MUST specify the number of openings/hours for this specific Position to be filled.

TYPE:  Work-Study  Academic Year Student Labor  Summer Student Labor

TIME PERIOD:  Fall Semester  Spring Semester  Summer Year: \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_ Dept. # \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ # HOURS/STUDENTS \_\_\_\_\_  
*(Please specify either total number of hours OR number of students needed to cover this position for the time period indicated.)*

FUNDS FROM ACCOUNT # 01 - \_\_\_\_\_ - 002

FUNDS FROM GRANT # \_\_\_\_\_

GRANT NAME \_\_\_\_\_

GRANT MANAGER'S NAME \_\_\_\_\_

REQUESTED STUDENT LABOR PAY RATE: \$ \_\_\_\_\_ per \_\_\_\_\_

*(Note: Complete this for Student Labor positions only. Work-Study pay is set and will not vary by position. Pay for all student labor employees is reviewed by Human Resources and must meet Campus-wide guidelines. Salaried positions must meet Federal regulations. Contact Human Resources at X4235 to determine appropriate status.)*

JUSTIFICATION FOR POSITION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Completing Form*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Division Chair or Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Administrative Council Member*

\_\_\_\_\_  
*Date*