

LIBRARY PAYROLL AUTHORIZATION REQUEST
PAR

Student Payroll Activation

Name: _____
(Last) (First) (M.I.)

Social Security Number: _____-____-_____

Department: _____ Supervisor _____

Effective Start Date: _____ Pay Rate: _____

Estimated Number of Hours per Week: _____

FTE (# of hours/40): _____

Address: _____

Phone No.: _____

Presently working for another department on campus?

Yes No If yes, department name and number of hours: _____

Presently working for another department in the Library?

Yes No If yes, department name and number of hours: _____

Student School: Full Time Graduate (9 hours) Full Time Undergraduate (12 hours)

Summer School Status: FT Graduate FT Undergrad PT Graduate PT Undergrad
No classes-summer only

Account number if other than (1012008700) the General Account:

Authorizing Signature

Printed Name

*** Requires new PAR when student resumes/reduces Full Time Student status.**