

STUDENT EMPLOYMENT ACTION FORM

UNIVERSITY OF NORTHERN COLORADO

Student Employment Office
Carter Hall 1005 Campus Box 33
Greeley, Colorado 80639
(970) 351-2628

Student Name _____ Bear# _____

Job Position Number (Circle One) SH9997 SH9998

Job Suffix Number (Circle One) 00 01 02 03 04 05 06 07 08
(Summer Suffix) S0 S1 S2 S3 S4 S5 S6 S7 S8

Please complete the following section for this student employee.

SECTION I: CHANGING STUDENT'S WAGE RATE

FOAP# _____ Old Rate \$ _____ New Rate \$ _____

Reason for Pay Rate Change:

Effective Date at the Beginning of Pay Period: _____ / 1 or 16 / _____
(Circle One)

SECTION II: CHANGING STUDENT'S BUDGET CODE OR TIME SHEET ORG

Old FOAP # _____ New FOAP # _____

Time Sheet Org Old Number _____ New Number _____

Effective Date at the Beginning of Pay Period: _____ / 1 or 16 / _____
(Circle One)

SECTION III: DELETION OF STUDENT EMPLOYEE FROM THE PAYROLL SYSTEM

Deleting a student employee who will no longer be paid from this budget code:

FOAP # _____ Last date student
worked? _____

Reason for Action: _____

Action will not be taken without department name and authorized signature.

Department Name _____ Phone _____

Authorized Signature _____ Date _____

_____ by _____ Date _____

Checked by _____ Date _____ Entered _____