Please Submit a Total of TWO (2) Documents to Phyllis M. Bibb:

TK: _____

STUDENT OFFICE WORKER EMPLOYMENT REQUEST

(HR Student Authorization Employment)

Original ◯ **Renewal** ◯ **Revised** ◯

Return to:
Phyllis M. Bibb
Phone: 924-3594
FAX: 924-8881
pmb9f@virginia.edu

REQUESTING DEPT: _____ PHONE #: _____

SUPERVISOR OR **HIRING OFFICIAL:** _____

REQUESTED STUDENT JOB TITLE **(if searching):** _____

NO. OF STUDENTS NEEDED
OR
NAME/SOC.SEC.# (last 4 digits **only**) OF HIRED: _____

WORK HOURS NEEDED: _____

EMPLOYMENT DATES, **START:** _____ **END:** _____

JOB DESCRIPTION:

_____

REQUESTED PAY RATE: _____ (RANGE $7.25 - $13.76)

PROJECT # __/__/__/__/__/__ AWARD # __/__/__/__/__/__/__

ORGANIZATION # 3 / 1 / __ / __ /__

Self-Service Manager -- Name: _____ **Signature:** _____
Principal Investigator -- Name: _____ **Signature:** _____
IF RESEARCH APPROVAL OF F.Cline, Res. Adm.: _____ **DATE:** _____
IF special approval of Grad/Undergrad. Programs: _____ **DATE:** _____