

## EMPLOYMENT REQUEST FORM

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

**(Fund and Org Required)**

Check Appropriate Box:  Extra Help     RSE     Temp Help  
 New Position     Vacant Position (previous incumbent): \_\_\_\_\_

Type or Print Names and Social Security Numbers of Extra Help Employees

**STUDENTS MAY NOT EXCEED 20 HOURS PER WEEK DURING REGULAR AND/OR BREAK PERIODS**

Name	Soc. Sec No.	# hrs/wk	Rate of Pay <i>Can Not Use:</i> <b>"Do Not Exceed"</b>	Total amount to be encumbered

**ALL THE ABOVE ITEMS TO BE COMPLETED BEFORE ROUTING FOR SIGNATURES!**

Date to Start Work \_\_\_\_\_ Expected Length of Employment \_\_\_\_\_

**\*\*No employee may begin work prior to State Budget office approval.**

**Note: Monies can only be encumbered from July 1- December 31 and January 1 - June 30.**

*(It is your responsibility to keep watch on employment dates and monies encumbered)*

Explanation of Duties:

  
  
  
  
  
  
  
  
  
  

\_\_\_\_\_  
 Supervisor/Director/Chair/Dean    Date                      2<sup>nd</sup> Level Supervisor                      Date

\_\_\_\_\_  
 Cabinet Level Supervisor                      Date                      Director-Title III Brace                      Date

\_\_\_\_\_  
 V. P./Finance & Adm.                      Date                      President                      Date

\_\_\_\_\_  
 Human Resource Director                      Date

**Note: It is your responsibility to obtain all necessary signatures prior to submission to the HR Office.**

Attach to WV-11 \_\_\_\_\_  
 Acct # \_\_\_\_\_  
 Amount \_\_\_\_\_  
 \_\_\_\_\_