

**SOUTHERN ILLINOIS UNIVERSITY  
EDWARDSVILLE**

**Student Employment**  
2221 Rendleman Hall Campus Box 1030  
Edwardsville, IL 62026-1030  
Phone: (618) 650-2563 Fax: (618) 650-2566  
Email: [stuemp@siue.edu](mailto:stuemp@siue.edu)  
Homepage: [www.siu.edu/studentemployment](http://www.siu.edu/studentemployment)

**Recommendation  
for Student  
Employee Status Change**

Student Name \_\_\_\_\_ UnivID# \_\_\_\_\_

Position Title: \_\_\_\_\_ Position # \_\_\_\_\_

Status change effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. If appropriate, suggested pay rate is \_\_\_\_\_  
(payroll period start date)

Account Name \_\_\_\_\_ Account # \_\_\_\_\_

Fiscal Officer \_\_\_\_\_ Box # \_\_\_\_\_

Fiscal Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Change due to nature of position (specify):**

- ☐ Assigned wage rate (Attach memo to explain)  
☐ Hard to fill position (Attach memo to explain)  
☐ Supervisory duties (Directs and supervises other student employees)  
☐ Technical Work (Specify): \_\_\_\_\_  
☐ Graduate student working in related field (Major): \_\_\_\_\_

**Change due to end of employment**

- ☐ Terminate student employee from this position \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_. \_\_\_\_\_  
(last day worked) (Position Number)

**Change of Account #**

- ☐ Add account # \_\_\_\_\_  
(Same fiscal officer for old/new #)

Explanation: \_\_\_\_\_

- ☐ Change account # \_\_\_\_\_  
(Same fiscal officer for old/new #)

Explanation: \_\_\_\_\_

**Office Use Only**

☐ Approved ☐ Denied \_\_\_\_\_

SFA Authorization \_\_\_\_\_ Date \_\_\_\_\_

Employee Class SR-SF		Position #		Suffix		Pay Rate		Effective Date	
-------------------------	--	------------	--	--------	--	----------	--	-------------------	--