

# WORK STUDY PAF

Fill out one side of this form, as defined below. New hires must already be awarded Work Study by Financial Aid **before** submission of this form – the Financial Aid Office will then determine the effective date (or first day of work) for the new hire.



Human Resources  
Phone: 801-957-4210  
Mail Code: HR

Banner ID		Last Name		First Name		MI	
Department Name						Mail Code	

New, Rehire, or Internal Hire (When the employee is hired into the position)							
Type of Hire	<input type="checkbox"/> New Hire	<input type="checkbox"/> Rehire	<input type="checkbox"/> Internal Hire				
Desired Effective Date							
Position Title							
Grade		Pay Rate					
Supervisor ID & Name <small>(resp. hiring, performance appraisal, etc.)</small>	S _____	Name:					
Time Entry Method	<input type="checkbox"/> Department Time	<input type="checkbox"/> Employee Web Time					
Time Sheet Org		Time Approver					
Time Originator		Time Proxy					
Comments:							
For Financial Aid use only							
Approved Effective Date							
Index		Account		% of Effort			
List Org Code		Location					
Approval – FINANCIAL AID SIGNATURE REQUIRED							
	Signature	Print Name	Date				
Financial Aid Approver							
For HR/Payroll use only							
Req #	Posn #	HR initials	Payroll initials	Payroll Processed			
*The form must be signed by Financial Aid before employment begins							

Funding or Additional Changes (When the funding for the employee's position changes to a different index)							
Type of Change	<input type="checkbox"/> From Work Study to Department Funds	<input type="checkbox"/> Supervisor					
	<input type="checkbox"/> From Department Funds to Work Study	<input type="checkbox"/> Time Entry Approver					
	<input type="checkbox"/> Other (Must specify in comments)	<input type="checkbox"/> Hourly Rate/Position/Pay					
Effective Date							
Position Title							
Grade		Pay Rate		List Org Code			
<i>Example</i>	ZZZZZ & 000000 (list index & account)		ZZZZZ & 000000 (list 2 <sup>nd</sup> index & account)				
Old Index(es)		Old Account(s)					
New Index (1)		New Account (1)		% of Effort			
New Index (2)		New Account (2)		% of Effort			
Supervisor ID & Name <small>(resp. hiring, performance appraisal, etc.)</small>	S _____	Name:					
Time Entry Approval	Time Sheet Org	Time Approver					
	Time Originator	Time Proxy					
Comments:							
Approval – MINIMUM OF TWO UNIQUE APPROVALS REQUIRED							
	Signature	Print Name	Date				
Budget Center Manager OR Financial Aid Approver							
Director/Dean/AVP							
Provost/Vice President							
For HR/Payroll use only							
Change Reason		Posn #		HR initials		Payroll initials	Payroll Number

FILL OUT ONLY ONE SIDE OF THIS FORM – NOT BOTH