

Youngstown State University
Hourly Appointment Form On-Campus Student Employment
2020-2021



Section I: To Be Completed by Student **Have you worked on campus before?** Yes No

YSU Banner Number: Y00 _____ Last 4 Digits of Social Security Number _____
 Last Name _____ First Name _____ Middle Initial _____
 Street Address _____ Telephone Number _____
 City _____ State _____ Zip Code _____
 I am a Graduate Assistant No Yes If yes, department where are you a GA: _____

I certify that the foregoing data are correct and I accept the position on the terms specified within, contingent upon the availability of funds and formal administrative approval. I recognize the salary is subject to such deductions as may be required pursuant to acceptable laws and regulations. The salary due me will be based upon the period of actual service and I will return to the University such part of my salary as is not actually earned on this basis.



Employee Signature _____  **Date** _____

Section II: To Be Completed By Employing Department

Employing Department: _____ FOAP: _____
 Student Job Title: _____ Hourly Wage: _____ Hr. Per Week: _____

Reason for Form	Employment Will Begin	End date (if known): _____
<input type="checkbox"/> Rehire	<input type="checkbox"/> Spring 2020 (prior to May 10, 2020)	Add'l Information: _____
<input type="checkbox"/> New Hire	<input type="checkbox"/> Summer 2020 (May 10 - Aug 1)	_____
<input type="checkbox"/> Promotion or Job Change	<input type="checkbox"/> Fall 2020 (Aug 2 - Jan 2, 2021)	_____
<input type="checkbox"/> 2nd job in department	<input type="checkbox"/> Spring 2021 (Jan 3 - May 8, 2021)	

For Work Study Appointments Only After email confirmation, this appointment will be transferred to the above FOAP when work study is exhausted.

Supervisor (print): _____ Phone: _____
 Supervisor (signature): _____  Position Number: _____
 Signature Authority (print): _____ Banner ID: _____
 Signature Authority's Signature _____  Date _____

SECTION III: To Be Completed By the Office of Financial Aid and Scholarships

Federal Work Study Community Services _____ Funding Amount \$ _____
 Institutional Work Study RJASEAR code: _____ Funding Availability Date _____
 Not Eligible
 Approved by: _____ Approval Date: _____
 Notes: _____

SECTION IV: To Be Completed by Student Success/On-Campus Student Employment

Original Appt	Enrollment	Hours Completed	GPA	MA	Start Date
	X _____ F _____ S _____				End Date:
Transfer to FOAP	Enrollment	Hours Completed	GPA	MA	Start Date
	X _____ F _____ S _____				End Date:

On-Campus Student Employment Approval _____ **Date** _____