

Youngstown State University
Hourly Appointment Form On-Campus Student Employment
2024-2025



**YOUNGSTOWN
 STATE
 UNIVERSITY**

Section I: To Be Completed with Student

YSU Banner Number:		Last 4 Digits of SSN:	
Last Name:	First Name:	Middle Initial:	
Street Address:		City:	
State:	Zip:	Phone:	
Have you worked on campus before?	No	Yes	International Student?
Are you a Graduate Assistant?	No	Yes	If GA, which department?

Section II: To Be Completed by Employing Department

Employing Department:	FOAP*:		
Student Job Title:	Wage:	Tier:	Hr.P/Wk.
Reason For Form:	Employment Will Begin:	End Date (if known):	
Rehire	Summer 2024 (May 5 – Aug 10, 2024)	Additional Information:	
New Hire	Fall 2024 (Aug 11 – Dec 14, 2024)		
Promotion/Job Change	Spring 2025 (Dec 15 – May 3, 2025)		
2 nd Job in Department			
Supervisor (print):	Non-org approvers: Please submit a security request.		Telephone:
Position Number:			Banner ID:
Signature Authority:			

***For Work Study Appointments Only** After email termination notice this student will be transferred to the above FOAP when work study is exhausted.

Section III: To be Completed by the Office of Student Success/On-Campus Student Employment

Federal Work Study	FWS Funding Amount:	Approved By:
Not Eligible	Fund Available Date:	Approval Date:
Notes:		

Section IV: To be Completed by the Office of Student Success/On Campus Student Employment

Enrollment			Hours Completed	GPA	MA	Dates	
Original	X	F	S			Start Date:	
						End Date:	
On-Campus Student Employment Approval:						Date:	

Enrollment			Hours Completed	GPA	MA	Dates	
Transfer	X	F	S			Start Date:	
						End Date:	
On-Campus Student Employment Approval:						Date:	

Clicking "save & submit" triggers a file save dialog, then creates a new email with the attached PDF addressed to the Office of Student Success. Please be sure to include the student's name and ID number in your email.