

**Section I: To Be Completed by Student**

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 \_\_\_\_\_  
 Have you worked on campus before?  No  Yes  
 Are you a Graduate Assistant?  No  Yes If yes, department where are you a GA: \_\_\_\_\_

**Section II: To Be Completed By Employing Department**

Employing Department: \_\_\_\_\_ FOAP\*: \_\_\_\_\_  
 Student Job Title: \_\_\_\_\_ Hourly Wage/Tier: \_\_\_\_\_/\_\_\_\_\_ Hour p/wk: \_\_\_\_\_  
**Reason for Form**                      **Employment Will Begin**                      **End date (if known):** \_\_\_\_\_  
 Rehire                                       Summer 2023 (May 7 - Aug. 12, 2023)                      **Add'l Information:** \_\_\_\_\_  
 New Hire                                      Fall 2023 (Aug 13 - Dec 16, 2023)                      \_\_\_\_\_  
 Promotion or Job Change               Spring 2024 (Dec 17, 2023 - May 4, 2024) \_\_\_\_\_  
 2nd job in department  
 Supervisor (print): \_\_\_\_\_ Phone # \_\_\_\_\_  
 Position Number \_\_\_\_\_ Banner ID: \_\_\_\_\_  
 Signature Authority (print): \_\_\_\_\_

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

**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	<b>Enrollment</b>	<b>Hours Completed</b>	<b>GPA</b>	<b>MA</b>	<b>Start Date:</b>
	X _____ F _____ S _____				<b>End Date:</b>

**On-Campus Student Employment Approval** \_\_\_\_\_ Date \_\_\_\_\_

Transfer to FOAP	<b>Enrollment</b>	<b>Hours Completed</b>	<b>GPA</b>	<b>MA</b>	<b>Start Date:</b>
	X _____ F _____ S _____				<b>End Date:</b>

**On-Campus Student Employment Approval** \_\_\_\_\_ Date \_\_\_\_\_