Student Employment
On-Campus Non-Work Study
Data Change Form

Sutton Hall 303
P: (509) 359-2525
F: (509) 359-6262

STUDENT INFORMATION:

Student ID	Name: Last	First	Middle

TYPE OF CHANGE:

- ☐ Job Title/Duties
- ☐ Budget Number
- ☐ Hourly Rate
- ☐ Timesheet Approver
- ☐ Termination
    Effective Date: _____

- ☐ Other
    (specify):_____
    _____
    _____
    _____

New positions will need an 'On-Campus Non-Work Study Employment Authorization Form'

CURRENT INFORMATION: *all current information must be filled in regardless of the type of change checked above.*

Department Name:		Dept. Org:	EagleAXIS Job ID#:	Begin Date:	End Date:
Job Title (attach Job Description):			Index/Budget:		Hourly Rate:
Timesheet Approver:					

NEW INFORMATION: *only changes should be filled in below, begin/effective date required*

Department Name:		Dept. Org:	EagleAXIS Job ID#:	Begin Date:	End Date:
Job Title (attach Job Description):			Index/Budget:		Hourly Rate:
Timesheet Approver:					
Other/Notes:					

Supervisor/employing official: _____ Phone: _____ Mail Stop: _____

Supervisor/employing official's signature: _____

Timesheet Approver, if different than Supervisor (Print):_____Date:_____

SEO Signature:	Date:	POSN:	Credits:	QTR: