

Date of Request: _____

- -

MTU ID #:

Name: _____
Last First Middle Initial

Department/Org: _____

Contact Person: _____ Telephone: _____

Student Type: Undergraduate Graduate

- New Hire
(I9's, W4's, & Social Security Card must accompany new hires)
- Change
- Extend End Date
- Change in check dept. per student request
Check Department Org: _____
- Rehire
- Index/Account No.
- New Hire to Department
- Change in Pay Rate
- Terminate Job
Give end date: _____
- Additional Pay Rate
- Other _____

Position/Suffix (Must include when changing an existing position/suffix): _____

Type of Work: Clerical Food Service Maintenance Work Study
 GRA/GA GTA/GTI GADE/GADI Other: _____

Hourly Rate: _____

Contract Amount: _____ Contract Weeks: _____ Contract Hours/Biweekly: _____

(For graduate students on stipend only)

Start Date: _____

End Date: _____

Index: _____ Account #: P- _____

Time Sheet Org: _____

BIOGRAPHICAL CHANGE

Name: _____
(If name change, attach a copy of Social Security Card)

W2 Address Only (All other addresses are maintained by Student Services)

Street/P.O. Box: _____

City/State/Zip Code: _____

APPROVALS:

Department: _____

Research Accounting: _____

Graduate School: _____