

Student Requisition/Status Change

Date of Request: _____

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MTU ID #

Name: _____
Last First MI

Department/Organization Number: _____

Contact Person: _____ Telephone: _____

Student Type: Undergraduate Graduate

New Hire

(I9's, W4s and Social Security card must accompany new hires)

Change

Extend End Date

Change check dept. per student request
Check Dept. 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

GRA

GTA

Work Study

Other _____

Hourly Rate: _____

Contract Amount: _____ Contract Weeks: _____ Contract Hours/Biweekly: _____
(For graduate students on stipend only)

Start Date: _____

End Date: _____

Index: _____ Account No. 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 Office of Student Records and Registration):

Street/P.O. Box: _____

City/State/Zip: _____

Approvals

Department: _____

Research Accounting: _____

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