

Career Services Student Employment Designation Change Form

This form is used to initiate a change in the employment designation and general ledger account utilized to pay a current student employee. Departments commonly use this form to transition a student from Federal Work Study wages to department wages. Please forward completed forms to **Student Employment, Nestor Hall 113**, or studentemployment@cscc.edu.

STUDENT INFORMATION					
Student Name:			Cougar ID:		
CURRENT POSITION INFORMA	ATION				
Department: Position Title:					
Classification/Pay Rate:	II - \$8.70	III - \$10.20			
DESIGNATION CHANGE: Please	e indicate the chan	ge in designation, G.L. and effec	ctive date of change.		
Federal Work Study TO College Work Study			EFFECTIVE DATE:		
		Department G.L.			
		Project ID (for grants)	(Month/Day/Year) Please select a date that begins a		
College Work Study TO Federal Work Study			pay period (i.e. 1st or 16th).		
Columbus <u>10-10-11-40040-51311</u>					
Delaware <u>10-</u>	<u>50-11-40040-51</u>	<u>311</u>			
	DEPARTMEN	T AUTHORIZATION			
Hiring Manager Name:	anager Name: Phone:				
gnature: Date:					
Pleas	se allow up to five bu	siness days for your request to be	processed		
		ered for and maintain six or more elig	.		
* Students changing to College Wor	k Study must be regist	ered for and maintain three or more c	redit hours of enrollment		
AUTHORI	ZATION BY STUDE	NT EMPLOYMENT STAFF (CAR	EER SERVICES)		
Staff Name:			Date:		
Position ID (surrent).	Do	itian ID (nam)			