

**STUDENT PERSONNEL ACTION FORM (SPAF)**

Forward completed SPAF to the Office of Human Resources, Station 6071, Will Lyman House.

**SECTION 1**
**STUDENT INFORMATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_

 M# \_\_\_\_\_ Date of birth \_\_\_\_\_  Graduate or  Undergraduate

Anticipated graduation date \_\_\_\_\_ (Employment appointments may not exceed this date.)

**SECTION 2**
**POSITION INFORMATION**

 Job title \_\_\_\_\_ Pay level:  1  2  3  Graduate Assistant  Flat rate

Duties \_\_\_\_\_

Department \_\_\_\_\_ Department's org/budget number \_\_\_\_\_

Supervisor \_\_\_\_\_ Timesheet approver (if different from supervisor) \_\_\_\_\_

**SECTION 3**
**ACTION TYPE**

Tentative action effective date \_\_\_\_\_ End date \_\_\_\_\_ (Actual employment dates are determined by HR, see below.)

 New hire  Re-appointment  Change in funding source  Pay rate change

 Termination due to graduation/withdrawal  Voluntary termination  Involuntary termination

**SECTION 4**
**FUNDING SOURCE**
 This student is being appointed to a Jobship position and will be paid from budget # \_\_\_\_\_ -6115

 This student is being appointed to a Work Study position and will be paid from Federal Work Study Funds.

**SECTION 5**
**TERMS OF PAYMENT** Refer to Administrative Procedure – Student Worker Compensation

 Pay minimum wage of \$7.25 per hour (Department head signature required.)

 Pay hourly rate of \$ \_\_\_\_\_ (Department head and division head/dean signatures required for amounts over minimum wage.)

 Pay flat rate of \$ \_\_\_\_\_ for # \_\_\_\_\_ of bi-weekly pay periods

 Pay ONE TIME PAYMENT of \$ \_\_\_\_\_ on the next payroll or on date \_\_\_\_\_

**SECTION 6**
**PAYMENT AUTHORIZATION** Refer to Administrative Procedure – Student Worker Compensation

SPAFs authorizing pay rates above minimum wage require the signature of the department head and division heads or deans. Paying a student employee an amount above step 5 of any position level requires presidential authorization on the SPAF. Bi-weekly flat rate payments exceeding \$325 require department and division head signatures. Presidential approval is also required for bi-weekly flat rate payments exceeding \$450.

Department head's signature \_\_\_\_\_ Date \_\_\_\_\_

Division head/dean's signature \_\_\_\_\_ Date \_\_\_\_\_

President's signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 7**
**WORK STUDY VERIFICATION** To be completed by Student Aid and/or HR

FWS maximum earnings \$ \_\_\_\_\_ Maximum hours per week \_\_\_\_\_

Approved work period from \_\_\_\_\_ to \_\_\_\_\_

Authorized signature \_\_\_\_\_

 Student is authorized to work from \_\_\_\_\_ to \_\_\_\_\_

 Action acknowledged by HR

HR Signature \_\_\_\_\_