

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 \$8.00 per hour (Department head signature required.)

 Pay hourly rate of \$ _____ (Department head and division head/dean signatures required for amounts over \$8.00 per hour.)

 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 \$8.00 per hour 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 _____