UNIVERSITY OF LOUISIANA AT LAFAYETTE
Lafayette, Louisiana 70504
Institutional Application for Campus Employment

TO BE COMPLETED BY THE STUDENT ONLY

Instructions to the Student:

It is important that you complete each item accurately and completely, paying particular attention to the following.

a. All information should be typed or printed
b. Must give full name
c. Must give social security number (If you don’t have a social security number give your student I.D. number.)
d. Must give a complete Mailing address

Name of Applicant

Last Name ____________________________________________________________

First Name ________________________ Middle _____________________________

S. S. Number _________________________________________________________

Home Address

Street _____________________________________________________________

City __________________________ State ______ Zip ______________

Home Phone _______________________________________________________

Local Address

Street _____________________________________________________________

City __________________________ State ______ Zip ______________

Local Phone _______________________________________________________

Classification  (Fresh Soph Jr Sr Graduate)  Sex  (M F) Marital Stat.  (S M) No. Exemptions ______

Are you a Full Time Student? Yes No  Are you on academic probation? Yes No

Major field of Study __________________________________________ Overall Grade Point Average __________

Special Skills and Experience: ______________________________________

Semester & Year for which are applying __________________________ No. hours per week _____
TO BE COMPLETED BY THE SUPERVISOR/DEPT. ONLY

Instructions to the Department Head/Supervisor: In order to ensure that the student employee is properly added to the payroll you must complete each item requested in this section. The student employee is only authorized to begin work after official notice is given by the Financial Aid Office. Departments will be notified by a written notice. If you wish to extend a student's employment beyond that period originally requested and approved you must submit a new application on the student.

Name of Department student is to work in ___________________________ Ext. ___________________________

Department or Restricted number this is to be charged to: ___________________________

PLEASE CIRCLE THE SESSION(S) THE STUDENT IS TO WORK & LIST MAXIMUM NO. OF HOURS PER WEEK

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<th>Spr Br.</th>
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<th>Fall</th>
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Rate of Pay __________________ Total Amount to be earned for period is __________________

Date __________________ Signature of Department Head/Supervisor __________________

AFTER COMPLETING THIS SECTION THE APPLICANT MUST BE FORWARDER TO THE BUSINESS AFFAIRS OFFICE FOR APPROVAL. Note: The student works for only the terms(s) indicated above.

TO BE COMPLETED BY THE BUSINESS AFFAIRS OFFICE

Instructions to the Business Office: In the event this application is disapproved please indicate the reason for disapproval and return to the department originating the request. If the department has not provided the necessary information needed to determine whether the request can be approved you should return the application to the department, stating what additional information is needed in order to continue processing.

Approved or Disapproved __________________ Reason for Disapproval __________________

Date __________________ Signature of Business Officer __________________

TO BE COMPLETED BY THE FINANCIAL AID OFFICE ONLY

Folder Number __________ or No Folder (TWP only) Initials/Date __________

Grad Aast Yes No Slips _______ I9 _______ W4 _______ SAM _______ __________

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<th>Number of Hours</th>
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