

PURCHASE COLLEGE  
STATE UNIVERSITY OF NEW YORK

REQUEST FOR STUDENT ASSISTANT FORM  
(Use one form per candidate)

**Section 1**

Department: \_\_\_\_\_

Account #: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(Please Print)

Soc. Sec. #: \_\_\_\_\_

**Section 2**

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print)

**Section 3**

Title/Job Description: \_\_\_\_\_

**Section 4A**

Transaction:

Is the student on an F-1 Visa ?  
Yes or No

- Hire
- Rehire:
- Termination: New Term Date: \_\_\_\_\_
- Change in Encumbrance Amount:
- Change in Rate: \_\_\_\_\_
- Effective Date of Rate Change: \_\_\_\_\_

**Section 4B**

Encumbrance:

- Original Amount:  \_\_\_\_\_
- Increase:  \_\_\_\_\_
- Decrease:  \_\_\_\_\_
- Revised Encumbrance Amount: \_\_\_\_\_

**Section 5**

Duration: \_\_\_\_\_ / \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Total Hours Per Week: \_\_\_\_\_  
Begin Date End Date

**Section 6**

**AUTHORIZATIONS**

Please HAND DELIVER in the following order:

Dean/Director/Supervisor: \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

Financial Aid Office: \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

Budget Office: \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

Please Submit **Originals** Only

Budget Office forwards to Payroll Office for processing.  
For non-approved employees or problems, Department Head is notified at appropriate point in the process.