

Departments may use the rehire process when:

- ◆ a former student employee returns to the same position following an inactive period.
- ◆ the break in employment is no longer than one semester (e.g., not working during summer session).
- ◆ the student meets university requirements for student employment for the semester/term of employment:
 - 1) undergraduate students enrolled half-time (6 hours) and financially cleared;
graduate students enrolled 5 hours fall/spring or 3 hours summer and financially cleared;
 - 2) classified as a degree-seeking student (not unclassified or visiting student status);
 - 3) meets standards of SIUE's Satisfactory Academic Progress Policy (on web/in catalog); and
 - 4) is not in default on a student loan.

Rehire forms must be received by Student Employment within 30 days of the first day of the semester. The student may begin working after the department receives approval from this office. A copy of this form will be returned to the department with approval indicated.

Student's Name _____

University ID _____

Hiring Department _____ Box # _____

Supervisor _____ Email _____

Account Name _____ Account Number _____

Account Number student was previously paid from (if different from above) _____

General duties to be performed by student _____

Rehire Beginning Date _____ Student's last pay rate in position:

- ☐ minimum wage plus a ten cent longevity increase for every 500 hours worked
- ☐ special pay plus a ten cent longevity increase for every 500 hours worked

Certification: To my best knowledge, this student meets eligibility criteria for student employment (see above). In addition, I certify the student, if approved, will return to the same position he/she previously held. The student will not begin working until approval is received from Student Financial Aid.

Signature of authorized employing official _____ Date _____

Rehire Certification (for SFA use only)

☐ Approved for rehire effective _____ E-Class _____ Position # _____ Suffix# _____

☐ NOT approved for rehire due to _____

SFA Authorization _____ Date _____

Base Pay
Longevity
Other
Total Pay