

13-14

JOB AMENDMENT FORM



Gustavus Adolphus College

A student who wishes to transfer positions or split hours between two or more positions must complete this form and submit to the Financial Aid Office. This is an amendment to the original Student Employment Agreement. A new agreement will not be issued. **THE CURRENT SUPERVISOR MUST BE NOTIFIED AND SIGN THE FORM BEFORE THE NEW SUPERVISOR SIGNS AND BEFORE THE STUDENT BEGINS WORK.**

(SPECIAL APPROVAL POSITIONS MUST BE APPROVED WITH FINANCIAL AID BEFORE HIRE)**

SE Office Use Only:

FED STA INST **SPAP

AWARD \$ _____

W-4: _____ S _____ M _____

I-9 _____ Dep't Code _____

STUDENT NAME _____ GUSTAVUS ID _____ \$ _____ / \$ _____
AWARD TOTAL/ LEFT TO EARN

SPLIT - STUDENT IS GOING TO SPLIT THE REMAINING WORK STUDY AWARD OF \$ _____ BETWEEN:

A.	_____	_____	_____
	CURRENT DEPT NAME	DEPT CODE	AMOUNT
	_____	_____	_____
	CURRENT SUPERVISOR (PRINT)	(SIGNATURE)	EFFECTIVE DATE
B.	_____	_____	_____
	NEW DEPT NAME	DEPT CODE	AMOUNT
	_____	_____	_____
	NEW SUPERVISOR (PRINT)	(SIGNATURE)	EFFECTIVE DATE
C.	_____	_____	_____
	NEW DEPT NAME	DEPT CODE	AMOUNT
	_____	_____	_____
	NEW SUPERVISOR (PRINT)	(SIGNATURE)	EFFECTIVE DATE

TRANSFER ___ QUIT ___ TERMINATION ___ NO SHOW ___ (LEFT TO EARN \$ _____)

A. STUDENT IS NO LONGER WORKING IN:	_____	_____
	CURRENT DEPT NAME	DEPT CODE
	LAST DAY OF WORK _____ / _____ / _____	
	_____	_____
	CURRENT SUPERVISOR (PRINT)	(SIGNATURE) EFFECTIVE DATE
B. STUDENT WILL NOW BE WORKING IN:	_____	_____
	NEW DEPT NAME AND CODE	DEPT CODE
	FIRST DAY OF WORK _____ / _____ / _____	
	_____	_____
	NEW SUPERVISOR (PRINT)	(SIGNATURE) EFFECTIVE DATE

SE OFFICE USE ONLY: CRI ___ FMF ___ HR ___ SS ___ SCANNED ___ WA ___