**Biology Student Worker Hiring Request Form**

*Faculty, please complete and return to Jennifer at the BEB Admin Area. If you have any questions, contact Jennifer Elwyn at (314) 977-3910. All positions must be approved by the Department Chair before they will be processed.*

**Student Name: Date:**

**Address:**

**City: State: Zip Code:**

**Banner ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Undergrad \_\_\_\_ Graduate \_\_\_\_\_ Position Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**New Hire: Rehire: Continuing: \_\_\_**

**# of Hours per week: \_\_\_\_\_\_\_\_\_\_ Position#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rate:\_\_\_\_\_\_\_\_**

**Federal Work Study Eligible:** Y/N

**Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Term:** Fall/Spring/Summer **Start Date:\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_**

**Student Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Administrative Use Only***

Start EPAF#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EPAF Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

End Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EPAF# \_\_\_\_\_ EPAF Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_