UNIVERSITY OF CONNECTICUT STUDENT LABOR PAYROLL REQUEST TO HIRE A NON-UNIVERSITY OF CONNECTICUT STUDENT

University of Connecticut students receive first priority for student labor jobs. If the Office of Student Financial Aid Services has granted permission to hire a student from another institution, submit this form along with a statement from the student's high school guidance office or college registrar that verifies the student's enrollment.

UNDER NO CIRCUMSTANCE SHOULD THIS STUDENT BE PERMITTED TO BEGIN WORK UNTIL APPROVAL FROM THE OFFICE OF STUDENT FINANCIAL AID SERVICES HAS BEEN RECEIVED.

NOTE: Non-UConn students will receive approval to work for only one semester or summer session at a time. Hiring departments are required to continue advertising available positions each semester in an effort to attract qualified UConn students.

STUDENT SECTION:			
Student's Name (Type or Print)	Social Security Number	Date of Birth	
College/School Where Enrolled (Complete Name)		Date of Graduation or Completion of Program	
I certify that I am currently enrolled as (check	k one):		
 □ a full-time degree seeking student at the se □ a part-time degree seeking student at the se □ a non-degree student taking classes on a p 	school or college named above.		
I understand that I must be matriculated in a in school during the period in which I plan i		n-degree college course work, or be enrolled	
Student's Signature	Date		
HIRING DEPARTMENT SECTION:			
Job Title	Job Code		
1. This job was advertised in the Office of	Student Financial Aid Services from	to	
2. The following UConn student(s) applied	d for this job (use reverse side or attach additional sh	eet if necessary):	
Name of Student(s)	Reason for Not I	Hiring	
3. Describe the unique qualifications of th	e person hired (use reverse side or attach additional	sheet if necessary):	
4. For a minor (under 18 years old) describe s	specific job duties (use reverse side or attach addition	onal sheet if necessary):	
I certify that the above information is true a	nd correct to the best of my knowledge.		
Supervisor's Name (Type or Print)	Department and U-B	Department and U-Box	
Supervisor's Signature	Date	Telephone	
MAIL COMPLETED FORMS TO: Office of	Student Financial Aid Services, 233 Glenbr	ook Road Unit 4141, Storrs, CT 06269-4141	
FOR SFAS USE ONLY: Approved until	, as long as the student continues to be enrolled.		
□ Denied		nonuconnseo008 (rev. 08/13/02	

Date

Processed By