

**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)

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 one):

- a full-time degree seeking student at the school or college named above.
- a part-time degree seeking student at the school or college named above.
- a non-degree student taking classes on a part-time basis at the college named above.

I understand that I must be matriculated in a college degree seeking program, taking non-degree college course work, or be enrolled in school during the period in which I plan to work.

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 for this job (use reverse side or attach additional sheet if necessary):

Name of Student(s)

Reason for Not Hiring

3. Describe the unique qualifications of the person hired (use reverse side or attach additional sheet if necessary):
4. For a minor (under 18 years old) describe specific job duties (use reverse side or attach additional sheet if necessary):

I certify that the above information is true and correct to the best of my knowledge.

Supervisor's Name (Type or Print)

Department and U-Box

Supervisor's Signature

Date

Telephone

FOR SFAS USE ONLY:

- Approved until _____, as long as the student continues to be enrolled.
- Denied

Processed By Date

Fax Completed Form To: (860) 486-5098
Mailing Address:
University of Connecticut
Office of Student Financial Aid Services
Attention: Student Employment
233 Glenbrook Road Unit 4116
Storrs, CT 06269-4116