



Finance and Operations

Human Resources

Payroll:

GD _____

DD _____

TX _____

TLM _____

Entered _____

Date _____

STUDENT EMPLOYMENT REFERRAL FORM

STUDENT: *Please fill in all blanks in this section.*Make sure this form is completed and signed by the supervisor before bringing it to the Human Resources office on the 1st Floor of Herring Hall.

Last Name

First Name

Middle Initial

Employee ID #

Permanent Address

City

State

County

Zip

Telephone #

ABAC Email Address

Banner #

Are you currently employed by another USG Institution? Yes No

Have you been a student worker within the past 2 years at ABAC? Yes No

Student Signature

Date

Office of Financial Aid:

Eligible? Yes No

FWS Award Amount: _____

Office of Financial Aid - Signature

Date

EMPLOYER: *Please fill in either the Regular or FWS section entirely.*After completing the appropriate blanks, **PLEASE MAKE A COPY FOR YOUR DEPARTMENT.****Regular:**

Supervisor: _____

Hourly Wage

Position #

Desired Start Date: _____

Employer's Signature

Date

FWS:

Department: _____

Supervisor: _____

Desired Start Date: _____

Hourly Wage

Employer's Signature

Date

Human Resources Office:

Term: _____ Start Date: _____ End Date: _____

Job Placement Signature