

Please print this document and complete it with a wet ink signature. The completed document can be submitted in person, through email, fax, or mail to the Payroll Office.

Please complete one form each semester you attend.

Semester: _____ Year: _____

Student Name: _____ ID#: _____

Date of Birth: _____ Age: _____

Employee Name: _____

Student's Relationship to Employee: _____

Employee Type: Faculty: _____ Employee Status: Full-time: _____
Staff: _____ Part-time: _____
Retiree: _____

Employee Signature: _____ Date: _____

This form must be returned to the Payroll Office for prior approval. Upon approval, the form will be sent to the Financial Aid Office for processing.

For Payroll Use

Eligible Yes: _____ No: _____

Payroll Signature: _____ Date: _____