## Student Temporary Request Form

Date:	Campus:	(Check One) 🔲 III	linois 🗌 Arizoi	na		
Department Name:Supervisor Name (timecard approver):						
Department Contact (	if different than su	upervisor):				
Student Name	Hourly Rate	Hours per week	# of weeks	Start Date	End Date	Total Pay
• If the student tem	re required to cloc which method to u up position is their p is also a FWS or		ock in/out using mit a paper time	g the time closecard to payro	eks.	
Budget Information: A	Are funds budgete	ed for this expenditure	e? 🗌 Yes 🔲 N	Ю		
Fund Code:D	Department Code:	Object Code:	Projec	t Code:	_	
Justification of reques	t for temporary st	udent:	·			
1	r					
Supervisor's Authoriz	cation:			Date:		
Dean or VP Authorization				Date:		
Business Services Au	thorization:		_	Date:		
Human Resources Authorization:				Date:		