

**Baldwin-Wallace College
Student Employment Center
Requisition Form**

Academic Year

Summer

I Request That:

Student Name Last

First

Middle

Social Security Number

Colleague Number

Be Assigned Employment In:

Department

Account Number

Start Date

Work/study

Non-work/study

New to Department

Returning to Department _____ Previous Pay Rate

**Rate of Pay
Minimum Wage**

Other Position: _____ Rate of Pay: _____

Other Explanation: _____

VP Approval Signature: _____ Rate of Pay: _____

Signatures

Supervisor: _____ Date: _____

Student: _____ Date: _____

***** Original to Financial Aid ***
*** Please retain a copy for your files *****

Financial Aid Use Only

Student must be registered as a Full-Time Student
(SS/Med tax will be withheld from all students registered for less than 6 credit hours.)

Pay Rate: _____ Registered Number of Hours: _____

Financial Aid Approval: _____ Date: _____

SEC Use Only

Sec Approval Data in Terminal: By: _____ Date: _____

Checked By P/O Verified: By: _____ Date: _____