



FINANCIAL AID OFFICE  
 Student Employment  
 Acadian Center, Room 110  
 Phone (337)550-1286

**STUDENT EMPLOYMENT REQUEST FORM (Appointment, Separation and Change in Source of Funds)**

**I. Student Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ LSUE ID#: \_\_\_\_\_

Gender:  M  F      Related to anyone employed by LSUE?  Yes  No      If "Yes": \_\_\_\_\_  
Name of Relative

**II. Action Requested**

APPOINTMENT      Anticipated Start Date: \_\_\_\_\_ Account #: \_\_\_\_\_  
 \*Anticipated start date cannot be retroactive. Allow at least 5 business days between date document is submitted to the Financial Aid Office and requested date of action.

SEPARATION      Date of Separation: \_\_\_\_\_ Last Date of Work: \_\_\_\_\_

CHANGE IN SOURCE OF FUNDS      From Acct #: \_\_\_\_\_ To Acct #: \_\_\_\_\_

**III. Department Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FINANCIAL AID OFFICE USE ONLY			
Unmet Need: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Allocation: _____	LSU ID#: _____	
First-time Freshman? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No", overall GPA: _____	SS#: _____	
Registered hours: _____	Semester/Session: _____	Workday ID#: _____	
Date Verified: _____	By: _____	Position #: _____	
Student's Address: _____	Comments: _____		