McNeese State University
Office of Student Employment

Student Employment Request Form
RESEARCH SERVICES

DEPARTMENT / OFFICE	DEPT / OFFICE ORG#	ACCT# PAID FROM

SUPERVISOR	EXT	EMAIL

EMPLOYMENT PERIOD: CHECK ONLY ONE — **YEAR**

☐ SPRING SEMESTER	☐ SUMMER SEMESTER	☐ FALL SEMESTER
☐ SPRING BETWEEN BREAK	☐ SUMMER BETWEEN BREAK	☐ FALL BETWEEN BREAK

LAST NAME, FIRST NAME	I.D.	ACTION*	POSITION#	START DATE	END DATE	TOTAL AMT	RATE P/HR	HRS P/WK

*ACTION CODES: NEW HIRE = N REHIRE = R CHANGE = C TERMINATION = T

Principal Investigator _____ **Date** _____

Director of Research Services _____ **Date** _____

Budget Approver – Lynette Babineaux _____ **Date** _____

Student Employment Administrator _____ **Date** _____

Revised August 18, 2008