

2011-2012 Student Work Change Form

(PLEASE PRINT)

Employee's Name: _____
Last First MI

SSN: _____ MUID: _____

Department or Office Supervisor's Name

Supervisor's E-mail Address Supervisor's Telephone No.

Department's Account Number: _____ - 1600
(This account will be used to pay the student's salary).

Termination

Effective Date: _____

Wage Rate Change

Old Rate: \$ _____ /hour

New Rate: \$ _____ /hour

Effective Date at the Beginning of Pay Period: _____

Refer to the Student and Biweekly Pay Periods schedule
<http://www.mercer.edu/payroll/PAY%20PERIODS.pdf>

Supervisor's Signature _____ Date _____

(OSFP Use Only) VANTAGE

NOTE: Please make a copy of this form for your records before submitting to the Office of Student Financial Planning.