Print Form

LAKE SUPERIOR STATE UNIVERSITY

Student Employee Update Form

Name _____ Social Security No. _____

Department _____ Account No. _____

_____ Account No. _____

Position Number _____

Earnings Code *(check one)*

Dept. MWS FWS AUX

Change hours from _____ to _____ Effective Date _____

Change rate from $_____ to $_____

Change limit from $_____ to $_____

Remarks

_____

Account Administrator's signature Date

Complete all information above and send form to the Human Resources Office.