

Grant Funded Student Employee Form

(for use with internal and external grants)

Start Date: _____

Student Employee Information:

Employee Name _____

ID# _____

Has the student worked on campus before? ____YES ____NO (If no, please attach tax forms)

Job Title _____ Position Number _____

Department _____

Account Budget Number: _____

Pay Rate: _____

Comments: _____

Supervisor signature: _____ Date _____

Printed Name _____

Office Use

Type of Grant: Internal External
 Federal
 Responsible Conduct of Research Training Required

Butler Institute for Research and Scholarship _____ Date _____

Budget and Grant Administration _____ Date _____

Career and Professional Success _____ Date _____

Human Resources _____ Date _____

Return to Office of Sponsored Programs (OSP)
Jordan Hall 116