Date: _______________________________

Recommendation for Employment for (name) _______________________________________________

W# ___________________________________     Rank/Title ___________________________________

Department ____________________________      Budget Unit Number __________________________

Faculty Box ____________________________     Campus Telephone # __________________________

This appointment will be effective beginning __________________ and ending ____________________

at a rate of $ _______________/hour for a total of $ ____________________ .

Schedule of days worked and hours per day:

I understand that I will NOT clock for the hours worked during this period. Duties performed
during the break between semesters will be paid on the first pay period of next semester.

Approved:       Student   Date

________________________________________  _____________________________________
Budget Unit Head   Date   Assistant Director  Date

University Housing      University Housing

I certify that I worked _______ hours during this period. _____________________________________

_____________________________________
Budget Unit Head   Date

At the end of the assignment, this form will be returned to the Budget Unit Head for final approval and student certification.

I certify that ____________ worked _________ hours during this period.

_____________________________________
Budget Unit Head       Date

Rev. 11/06