



STUDENT EMPLOYEE REQUISITION

2100 Student Services Building, MC 335

A student is not eligible to work until he/she is cleared by the Student Employment Office. The student can report any time between **12:00pm and 4:00pm** to complete the necessary hire paperwork. Please review the following:

- * Documentation for the Immigration Reform and Control Act of 1986 must be provided by the third day of employment. (Review back of Requisition form)
- * A student must be registered and maintain at least six credit hours during the semester (different rules apply for the summer term).
- * If the Requested salary is beyond Step A in any Group or beyond the ceiling cap for Undergraduate (Group III, Step A) and Graduate (Group IV, Step A), please submit the Letter of Justification in the MEMO section of the HR Front End transaction.
- * In accordance with the Sanction Review government requirement, UIC must subject all new hires to a sanction review. Units must provide a FOAPAL number in the box below to charge the Sanction Review and/or Criminal Background Check. If no FOAPAL is indicated in the box, by default the FOAPAL listed at the bottom of the form will be charged. (*Federal Work Study FOAPAL's cannot be used to charge the Sanction Review/CBC fees)

Name of Employee _____ UIN _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

C
Banner Position Number _____ Requested Position _____ Requested Salary _____ Requested Effective Date _____

Duties: _____

Does this position require a physical? YES NO
 Does this position require a drug screening? YES NO
 Does this position have any patient contact? YES NO
 Is this position security sensitive? YES NO

FOAPAL number: ****REQUIRED****

 Please indicate the FOAPAL number to charge the Sanction Review and/or the Criminal Background Check.

Institution of Learning: UIC Other: _____
(Attach Proof of Attendance from an Illinois State-funded University. Proof will be required at the beginning of every term the student continues employment as a student employee.)

Number of Hours Working per Week: _____

Department Contact _____ Department Name _____
@uic.edu

Name of HR Submitter _____ Email of Submitter _____ COA / Fund / Organization / Account / Program _____

Room Number _____ Building _____ Telephone _____ M/C _____ Employing College _____

Authorized Departmental Signature _____ Date _____