

## Student Assistant PS Correction Request Form

Effective Date:	Employee ID#:	Record No.	Job Code:
First Name:	Middle Initial	Last Name:	
<div style="display: flex; justify-content: space-between;"> <div>POS Change/Update:</div> <div>From Position Number:</div> <div>To Position Number:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>From Account Number:</div> <div>To Account Number:</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>Pay Rate Correction/Change: From Hourly Rate:</div> <div>To Hourly Rate:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>*Justification needed for all pay increases</div> <div>Position #:</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>Supervisor/MPP/Reports To - Update:</div> <div>Employee Name:</div> <div>Employee ID#:</div> </div>			
<div style="display: flex; justify-content: space-between;"> <div>Correction/Name Change</div> <div>Delete Duplicate ID #</div> </div>			
Briefly explain purpose for request (Please provide information pertinent to the Correction Request):			
Print Name of Hiring Supervisor & Department:	Signature:	Ext.	Date:
Authorizing Administrator/MPP/Dean:	Authorizing Signature:		Date:

For Assistance with this form, please contact the Student Employment Office SH 119 Extension 75225

Last updated: SA/TM 5/11/2017