



Financial Aid

Scholarships Employment Clearance Form

Student Name: _____ ID#: _____

I am requesting an employment transfer:

Current Position	
Position Title: _____	Department: _____
Starting Date: _____	Number of hours at current position: _____
Last Date: _____	(Please confirm with your current department)

New Position	
Position Title: _____	Department: _____
Starting Date: _____	Number of hours at current position: _____

Reason for Seeking New Position

Required of ALL student employees:

Signature of Current Department Supervisor: _____ Date: _____

Signature of New Department Supervisor: _____ Date: _____

Signature of Scholarships Coordinator: _____ Date: _____