STUDENT EMPLOYMENT PAYMENT REQUEST FORM

This form is to be used when a lump sum payment needs to be paid to a student for work performed. The preferred method is to pay hourly; however, if the job requires a one-time payment and the project is for 30 days or less, a payment request may be submitted. The project and amount being paid must be approved by the Office of Student Employment prior to using the HCM system to request the payment. Please contact the Office of Student Employment at (216) 368-4533 for instructions on how to process this request.

If the student has never held a job on campus, additional paperwork is required before the project begins. Final approval rests with the Office of Student Employment; therefore, if we do not have this documentation on file, the request entered into HCM will not be approved. Federal regulations require that this form be processed before the student begins working and that the student must complete the I-9 Form (Employment Eligibility Verification) with the Office of Student Employment within 3 business days of the hire date.

Term in which work is to be done: ☐ Summer 2021 ☐ Fall 2021 ☐ Spring 2022

Project Name & Hours Required to Complete Project: ________________________________

Projected time frame for project to be completed: ________________________________

Compensation due employee for work performed under the project: $ ____________

Requested Pay Date: Month: ____________ ☐ 15th of month ☐ End of month

WORK TO BE PERFORMED (please be as specific as possible):

__________________________________________________________________________

__________________________________________________________________________

Home Department OPR#: ____________ Department: ________________________________

Speed type to be charged: ____________

Supervisor’s Name (please print): ________________________________

Supervisor’s E-mail: ________________________________ Phone: ________________________________

Supervisor’s Signature: ________________________________ Date: ____________

Budget Authority Signature: ________________________________

STUDENT NAME: ________________________________

STUDENT EMPLOYEE ID: ____________

STUDENT SIGNATURE: ________________________________

PLEASE RETURN THE COMPLETED FORM TO:
OFFICE OF STUDENT EMPLOYMENT
YOST HALL, ROOM 412
(216) 368-4533
FAX (216) 368-5054
stu-emp@case.edu