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 2023 ☐ Fall 2023 ☐ Spring 2024

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 NETWORK ID: __________

STUDENT SIGNATURE: _____________________________________________________

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