

STUDENT EMPLOYMENT

Returning Student Employees Form

| Department: | | | |
|---|--------------------------------------|------------------------------------|--------------------------------|
| Semester for which emple | oyee is returning: Fall 20 | Spring 20 | Summer 20 |
| Supervisors n | nust provide Student Emplo | yee full name and Palo | mino ID |
| Part A: Employee Information | on (Employee 1) | | |
| Last Name: | First Name: | MI: | Palomino ID: |
| Part B: For Financial Aid O | office Use Only: | | |
| SCHs Enrolled: | Financial Aid Unmet Need: | Fin. Aid SAP: GS Warnin | Fin. Aid Folder Complete |
| Earnings p/week (pay rate x 19hrs/wk.): | Unmet Need: | Number of Weeks eligible to work: | Encumbered Amount: |
| Eligible: Start Date: Yes No | End Date: Comments: | Example if they are on F | Fin. Aid Suspensio |
| Part A: Employee Information | on (Employee 2) Only complete if mo | | Palomino ID: |
| Part B: For Financial Aid Of | fice Use Only: | | |
| SCHs Enrolled: | Financial Aid Unmet Need: | Fin. Aid SAP: GS Warning | Fin. Aid Folder Complete |
| Earnings p/week (pay rate x 19hrs/wk.): | Unmet Need: | Number of Weeks eligible to work: | Encumbered Amount: |
| Eligible: Start Date: Yes No | End Date: Comments: | Example if they are on F | in. Aid Suspension |
| Multiple for upervisor ignature: | ems may be submitted if more | than two employees are re Date: | eturning. |
| Office of Financial Aid: | | Date: | |