

**Webster University
Student Employment Change Form**

Section A: Employee Information

Last Name: _____ First Name: _____ M.I.: _____ Student ID#: _____
Social Security #: _____ - _____ - _____ Department Name: _____
Department Account #: _____ Student Employee Job Title _____

Section B: Name and Address Changes *(To be completed and signed by student employee)*

Address Change: _____
Street Address City State Zip Code

Name Change: _____ *(Must provide copy of social security card
Last Name First Name MI indicating name change)*

Effective date of above change/changes: _____

Student Signature: _____ Date: _____

**Section C: Change in Pay Rate, Termination Date, Change in Award Type and/or Amount,
Authorization to Approve Student Timesheet** *(To be completed and signed by current
Supervisor and Department Head)*

Pay Rate Change: _____ Per Hour _____ Per Hour Effective Date: _____
From To

Termination Date: _____

Award Type: From _____ To _____ Award Amount: From _____ To _____

Individual/s listed below are authorized to approve/sign this student employee's timesheet in addition to the individual/s that are currently listed on the original authorization form:

Signature _____ Print or Type Name _____ Date _____

Signature _____ Print or Type Name _____ Date _____

Approved by:

Department Head Signature _____ Print or Type Name _____ Date _____

Supervisor's Signature _____ Print or Type Name _____ Date _____

Career Services Section

Career Services Staff Approval: _____ Date: _____

For Payroll Office Use Only: _____ (Initialed by Payroll Office) Date: _____