**13-14 JOB AMENDMENT FORM**

**SE Office Use Only:**

FED STA INST \*\*SPAP

AWARD $ \_\_\_\_\_\_\_\_\_\_\_

W-4: \_\_\_\_\_ S \_\_\_\_\_\_ M \_\_\_\_\_

I-9 \_\_\_\_\_ Dep’t Code \_\_\_\_\_\_\_\_

 **Gustavus Adolphus College**

A student who wishes to transfer positions or split hours between two or more

positions must complete this form and submit to the Financial Aid Office**.** This is an

 amendment to the original Student Employment Agreement. A new agreement will

 not be issued**. THE CURRENT SUPERVISOR MUST BE NOTIFIED AND SIGN THE FORM**

 **BEFORE THE NEW SUPERVISOR SIGNS AND BEFORE THE STUDENT BEGINS WORK.**

 **(\*\*SPECIAL APPROVAL POSITIONS MUST BE APPROVED WITH FINANCIAL AID BEFORE HIRE)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_ /$­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ **STUDENT NAME GUSTAVUS ID AWARD TOTAL/ LEFT TO EARN**

**SPLIT - STUDENT IS GOING TO SPLIT THE REMAINING WORK STUDY AWARD OF $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BETWEEN:**

 **A**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 CURRENT DEPT NAME DEPT CODE AMOUNT

 \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_­­­­\_\_

 CURRENT SUPERVISOR (PRINT) (SIGNATURE) EFFECTIVE DATE

**B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 NEW DEPT NAME DEPT CODE AMOUNT

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 NEW SUPERVISOR (PRINT) (SIGNATURE) EFFECTIVE DATE

**C**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 NEW DEPT NAME DEPT CODE AMOUNT

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 NEW SUPERVISOR (PRINT) (SIGNATURE) EFFECTIVE DATE

 (\*\*SPECIAL APPROVAL POSITIONS MUST BE APPROVED WITH FINANCIAL AID BEFORE HIRE **A**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 CURRENT DEPT NAME DEPT CODE AMOU \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 CURRENT SUPERVISOR (PRINT) (SIGNATURE) DATE

**B.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 NEW DEPT NAME DEPT CODE AMOUNT

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 NEW SUPERVISOR (PRINT) (SIGNATURE) DATE

**C**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 NEW DEPT NAME DEPT CODE AMOUNT

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 NEW SUPERVISOR (PRINT) (SIGNATURE) DATE

**TRANSFER\_\_\_ QUIT\_\_\_ TERMINATION\_\_\_ NO SHOW\_\_\_ (LEFT TO EARN $\_\_\_\_\_\_\_\_\_)**

**A. STUDENT IS NO LONGER WORKING IN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CURRENT DEPT NAME DEPT CODE

 LAST DAY OF WORK \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CURRENT SUPERVISOR (PRINT) (SIGNATURE) EFFECTIVE DATE

**B.** **STUDENT WILL NOW BE WORKING IN:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NEW DEPT NAME AND CODE DEPT CODE

 FIRST DAY OF WORK \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NEW SUPERVISOR (PRINT) (SIGNATURE) EFFECTIVE DATE

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 CURRENT SUPERVISOR (PRINT) (SIGNATURE) DATE

**B.** **STUDENT WILL NOW BE WORKING IN:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NEW DEPT NAME AND CODE DEPT CODE

 FIRST DAY OF WORK \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NEW SUPERVISOR (PRINT) (SIGNATURE) DATE

SE OFFICE USE ONLY: CRI\_\_\_\_ FMF\_\_\_\_ HR\_\_\_\_ SS\_\_\_\_ SCANNED\_\_\_\_\_ WA\_\_\_\_