

# STUDENT EMPLOYMENT AWARD RELEASE FORM/ NOTICE OF EMPLOYEE CHANGES

Full Release of Work Study Award  
(I am changing jobs completely)

Partial Release of Work Study Award  
(I am going to work in two different positions)

For the following Semesters:      Fall/ Spring      Fall      Spring      January Only

## NOTICE TO STUDENT EMPLOYEE OF CHANGE TO EMPLOYMENT DETAILS

Student Employee Name:

Mac ID #:

**Student Employee Acknowledgement:** By signing this notice, I acknowledge receipt of this notice on the date identified below and agree to the conditions of these changes.

\_\_\_\_\_  
Student Employee Signature

\_\_\_\_\_  
Date

## JOB INFORMATION FOR PRIMARY DEPARTMENT

Primary Department:  
(First hiring department for Academic Year)

Job Title:

Last Day of Work:  
(If applicable)

Supervisor:

Supervisor ID #:

Amount Released:  Full Remaining Award     Half Remaining Award     Other \$\_\_\_\_\_

**Primary Employer Acknowledgement:** By signing this notice, I agree to release this student to work all or part of their award in another department. I understand that I no longer have responsibility to pay this part of their award from my department's student employment budget.

\_\_\_\_\_  
Primary Supervisor Signature

\_\_\_\_\_  
Date

## JOB/WAGE INFORMATION FOR SECONDARY DEPARTMENT

Secondary Department:

Organization #:

Job Title:

First Day of Work:

Supervisor:

Supervisor ID #:

Rate of Pay: \$\_\_\_\_\_

Per Hour     Other \_\_\_\_\_

Average Hours per Week:

Next Pay Date:

**Secondary Employer Acknowledgement:** By signing this notice, I agree to hire this student to work for the amount listed above. I understand that I must have the funds available in my student employment budget to cover these earnings.

\_\_\_\_\_  
Secondary Supervisor Signature

\_\_\_\_\_  
Date

### EMPLOYMENT SERVICES

1600 Grand Avenue  
Saint Paul, Minnesota 55105-1899

651-696-6280  
macalester.edu/hr

