



Submit this form with original signature. Keep a copy for your records. Submit only page 1. Page 2 is for departmental information only.



Check Distribution Org (for check delivery) _____

Contact Person: _____ UIN: _____ Ext: _____
Approver: _____ UIN: _____ Position #: _____

_____- Department/Position Information Complete for each transaction

_____- t Change Data COMPLETE FOR STIPEND STUDENT BOND. complete this section terminating a stipend student - complete Section V Use the EPAF process for changes for student hourly employees subject to Web Time Entry.

Department: _____
Organization/Department Name

Banner Position #: _____ Budget Code: _____
(prefix)

Stipend Increase/Decrease: Present Stipend _____ New Stipend _____
 Change in end date: Present End Date _____ New End Date _____

9 Check one ± be sure to use the correct position prefix.

t Termination Data

PREFIX	SUBJECT	TITLE
<input type="checkbox"/> RS	4025	Student Hourly or Stipend student
<input type="checkbox"/> WS	4028	Work Study Student
<input type="checkbox"/> VS	4029	Community Service WorkyStud

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_____ t _____

Enrollment _____	Child Support Disclosure	‘ Drug & Alcohol
I-9: _____	‘ W-4 Form	‘ VA4 Form
I-9 Exp.: _____	‘ Selective Serv. Comp.	‘ Policy 1.75, Receipt
Banner Keyed By: _____	‘ Copy of SS Card	‘ Direct Deposit Form
Date: _____	‘ Dual Employment (Conf. of Int.)	‘ Elected Official Disclosure

*****THIS PAGE FOR INFORMATION PURPOSES ONLY DO NOT RETURN WITH PAGE 11 OR KEEP THIS PAGE FOR YOUR RECORDS*****

The E1SU is divided into six (6) sections. The purpose for completing each section is outlined below. Failure to directly complete any section of the form or to include any required documentation will result in the E1SU being returned to your department. Until we receive the corrected paperwork, the student will not be authorized to work, and no payroll record can be created.

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