**Truman State University**

**Student Worker Position Request Form for University Systems**

Instructions: This form should be submitted for any request seeking approval for a student worker position for accessing University systems. Separate request forms are required for each distinct set of system forms and access types. See the document ‘Requesting Student Worker Access to University Systems’ for additional instruction and details on the process.

*Deliver completed form to IT Services.*

**Student Worker Position(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested Number of Students for this Position:\_\_\_\_\_\_\_\_\_\_\_ Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of the position being requested. Include a list of forms and access type (inquiry or update for each form) and for other systems detail the access required for position:**

|  |
| --- |
|  |

**Justification for the position and the requested number of students for the position:**

|  |
| --- |
|  |

**Indicate the training that will be provided for the position:**

|  |
| --- |
|  |

**How will the position be supervised?**

|  |
| --- |
|  |

**Signature of**

**Student Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of**

**Department Head/Academic Dean:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Support of your President’s Staff representative must be attained in order for this request to be submitted to the Steering Committee for review. By signing on the ‘Signature of President’s Staff Representative’ signature line, your representative indicates they support this student worker position request.

**Signature of President’s Staff**

**Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This area for use by the Steering Committee**

**Steering Committee decision:**

**Approved / Denied Date of Decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**