

University Library

Extension Form for Student Assistant Employment

This form is to be completed and sent to the Library Personnel Office (CB# 3932) before the beginning of each semester or summer session. It is to be completed for each student currently on the payroll who will continue employment during the summer session or next semester.

Date: _____

Department: University Library - _____

Last Name:

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First Name:

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Local Address: _____

City: _____ State: _____ Zip: _____ Local Phone: _____

Name of Supervisor: _____

Period of Extension

[Check the appropriate box]

Fall

Spring

Summer

Statement of Department Supervisor

I wish to continue employing this student for the period indicated above for _____ hours per week at \$_____ per hour.

Payment Source: _____

Signature of Department Supervisor

Statement of Student Employee

I will be a registered UNC student during the Fall/Spring semester and/or Summer Session. I will be registered for _____ hours.

Signature of Student Employee