

**University of Central Florida**  
**Office of Student Financial Assistance**  
**STUDENT ASSISTANT RECOMMENDATION FORM**  
 \*\* THIS FORM IS FOR UNDERGRADUATE STUDENTS ONLY \*\*

Every data field must be filled out completely. You must fill out a separate SARF for each action requested.

**STUDENT DATA INFORMATION**

Name \_\_\_\_\_ Date Prepared \_\_\_\_\_  
Last First M.I.  
 Social Security Number \_\_\_\_\_ (required) Semester \_\_\_\_\_  
 PID \_\_\_\_\_ (required) Current Hours Enrolled \_\_\_\_\_

**DEPARTMENTAL INFORMATION**

Home Department # \_\_\_\_\_ Department Name \_\_\_\_\_  
 Employee Campus Location: Bldg \_\_\_\_\_ Room \_\_\_\_\_ Zip+4 \_\_\_\_\_

**ACCOUNTING INFORMATION (current information)**

Hourly rate of pay \_\_\_\_\_ Funding Account \_\_\_\_\_  
 FTE \_\_\_\_\_ Source of funding  FCWSP  OPS  GRANT

The Effective Date of Action for Hires and Rehires MUST be the date that the student starts working. However, it is HIGHLY recommended that all Effective Date of Action be the first day of the pay period, except the Termination Effective date, which must be the day after the last day of work.

**REQUESTED ACTION**

- HIRE
- REHIRE
- TERMINATE
- FTE CHANGE\*\*
- SALARY CHANGE\*\*
- FUNDING ACCOUNT CHANGE\*\*

**THIS POSITION CONSIST OF (check one)**

- Clerical Duties
- Lab/Staff Assistant
- Tutoring
- Computer Support
- Manual Labor
- Research Assistant
- Technical Support
- Community Service - OFF CAMPUS ONLY

Effective date of Action \_\_\_\_\_

*\*\*This section must be completed.*

From	To

Approved By \_\_\_\_\_ (Signature)

Prepared By \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**ALL ITEMS MUST BE COMPLETED AND TYPED OR FORM WILL BE RETURNED TO ORIGINATING DEPARTMENT.**

**Student Financial Assistance Use Only**

Date Received \_\_\_\_\_ Date Processed to Payroll \_\_\_\_\_

Checked by \_\_\_\_\_

Student Financial Assistance

Payroll PPE Processed \_\_\_\_\_

**Send original plus one copy to the Office of Student Financial Assistance MH,120**