



Career Services

ORAL ROBERTS UNIVERSITY
STUDENT WORK STUDY
CHANGE OF STATUS FORM

Student Name: _____
Last First Middle

Z#: _____ Effective Date: _____

Citizenship Status

- ☐ International
☐ Resident Alien

Tax Status

- ☐ FICA Exempt
☐ FICA Nonexempt

- ☐ Reactivate ☐ Rate of Pay Change ☐ Transfer of Cost Center
☐ Transfer of WS Program ☐ Additional WS Position (2nd) ☐ Job Description Change

Present Status

Department: _____
Pay Code: _____
Pay Rate: _____
Job Title: _____
Job ID #: _____
Supervisor: _____

Proposed Status

Department: _____
Pay Code: _____
Pay Rate: _____
Job Title: _____
Job ID #: _____
Supervisor: _____

Career Services Office Use Only:

APPROVED: ☐ Yes ☐ No

Student Employment Representative Signature

Date

Payroll Notified Date: _____

GHN Notes Date (excluding pay rate): _____