STUDENT EMPLOYMENT WAGE JUSTIFICATION FORM

Submit completed Form to: UND.studentemployment@UND.edu

This form is required to be completed for departments hiring student employees for Student Classification Wage Range Level V. All descriptions of the Student Classification Wage Ranges are listed within the Student Employment Resources, UND.edu/student-employment. Please complete all sections of this form. If you have questions, please contact Student Employment at (701) 777-4136 or und.studentemployment@und.edu.

Request Type:  ○ New Position  ○ Change in Job Description

Department Name: ___________________________ Position Title: ___________________________

Contact Person: ___________________________ Supervisor: ___________________________

Contact E-Mail: ___________________________ Wage Requested: ___________________________

Contact Phone: ___________________________ Estimated Hours Per Week: ___________________________

Detailed Job Description:

Required Qualifications:

How does this salary compare to other student or regular positions in your area?

Relate this salary to other student and/or regular employee positions within your department/college. Take into consideration required qualifications, duties, and level of responsibility as well as job performance, directly related experience and length of service if a current employee (if current employee, please provide student name and ID number):

Department Head Signature:_________________________ Supervisor Signature:____________________________

Student Employment Use Only: □ Approved □ Denied