UNIVERSITY OF SOUTH CAROLINA
Office of Student Financial Aid & Scholarships

1244 Blossom St., Suite 200 • Columbia, SC 29208
803-777-8134 • 803-777-6017 fax
www.sc.edu/financialaid

REQUEST FOR STUDENT SERVICES

Position or Job # _____
Position _____ of _____ Positions
Employing Department Name _____
Department Contact _____
Contact Phone Number _____

I9 form:
☐ is attached
☐ has been submitted

Expenditure Class Codes
51422 Undergraduate Work-Study
51424 Undergraduate Work-Study Non-enrolled
51426 Graduate Work-Study No Assistantship
51420 Undergraduate Non-Work-Study
51423 Undergraduate Non-Work Study Non-Enrolled

☐ Hire
☐ Change
☐ Termination

☐ Undergraduate – Work-Study
☐ Undergraduate – Non-Work-Study
☐ Graduate – Work-Study / No Assistantship

Community Service
☐ Yes ☐ No

Note: Requests for Graduate Assistants other than Graduate Work-Study listed above must be submitted on form PBP-3G

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1. Social Security Number _____ Class _____ Slot _____

Name _____ Effective Date _____
First Middle Last Month Day Year

Salary _____ Hour Rate _____ ☐ Part Time ☐ Full Time Basis _____ Home Department _____

2. Begin Date _____ End Date _____ Hrs/Week _____
Month Day Year Month Day Year

Hrs/Appt. _____ Emp Type _____ ☐ Main ☐ Reg ☐ Bran TTV___ FLSA ☐ 1 ☐ 2 ☐ 3

Check Dist. _____ Time Dist. _____ Fed ☐ Y ☐ N State ☐ Y ☐ N FICA ☐ Y ☐ N

Override _____ _____ ☐ + ☐ – Expected Earnings $ _____ I9 Date _____
Month Day Year

Dept.	Fund	Class	Analytical	F V	FS O	Campus	Amount	Percent

SIGNATURES

Department _____ Date _____

Student Aid _____ Date _____ Payroll _____ Date _____