

SOUTHEASTERN LOUISIANA UNVIERSITY
Hammond, Louisiana

RESIDENT HOUSING ASSISTANTS
ADDITIONAL DUTIES

Date: _____

Recommendation for Employment for (name) _____

W# _____ Rank/Title _____

Department _____ Budget Unit Number _____

Faculty Box _____ Campus Telephone # _____

This appointment will be effective beginning _____ and ending _____

at a rate of \$ _____/hour for a total of \$ _____ .

Schedule of days worked and hours per day:

I understand that I will NOT clock for the hours worked during this period. Duties performed during the break between semesters will be paid on the first pay period of next semester.

Approved:

Student Date

Budget Unit Head Date
University Housing

Assistant Director Date
University Housing

I certify that I worked _____ hours during this period.

Student Date

At the end of the assignment, this form will be returned to the Budget Unit Head for final approval and student certification.

I certify that _____
worked _____ hours during this period.

Budget Unit Head Date