BYUH ON-CAMPUS CLEARANCE FORM
(TRANSFERRING OR ADDING AN ADDITIONAL JOB)

Instructions: Student must fill out the top 7 boxes completely, then request each department fill and sign in the designated place, following the order below. Once completed, email the form to student_employment@byuh.edu or bring it to the student window for final approval.

Full Name:	Student ID Number:
Current Position Title:	Current Position Department:
New Position Title:	New Position Department:

Reason for Seeking New Position:

New Position

Secondary Position for:

To make 19 hours/week (Numbers of hours seeking to work: _____)

Semester Break (Numbers of hours seeking to work: _____)

Approved Semester Leave (Numbers of hours seeking to work: _____)

Current Department Supervisor Section

Termination Date: _____

* Termination date must end no later than Saturday prior to the new job start date.
* Do not fill the termination date if you are adding a second position.

Signature of Current Department Supervisor: _____

Printed Name of Supervisor:_____Date: _____

New Position Department Supervisor Section

Start Date: _____

* Start date must be on a Monday after the termination date of the previous job or adding a second position.

Signature of New Position Department Supervisor: _____

Printed Name of Supervisor:_____Date: _____

ISS International Student Section <internationalstudent@byuh.edu>

Signature of the International Student Services: _____

Printed Name of ISS Rep:_____Date: _____

I-WORK International Student Section <iwork@byuh.edu>

Signature of the I-WORK or Financial Aid Services: _____

Printed Name of I-WORK /FS:_____Date: _____

Final Approval (Student Employment) <student_employment@byuh.edu>

Signature of the BYUH Student Employment: _____

Printed Name of BYUH SE:_____Date: _____