



OHIO NORTHERN UNIVERSITY

OFFICE OF THE CONTROLLER

## Authorization for Student Employee Under a Grant

Name of Student: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Hourly Rate per Grant Agreement: \$ \_\_\_\_\_

Grant Period Worked: \_\_\_\_\_

Grant Account Number: 110-\_\_\_\_\_

Grant Position Number : WXX099

Grant Supervisor: \_\_\_\_\_

Approved by: \_\_\_\_\_

Controllers Office Grant Administrator

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