

COLLEGE WORK-STUDY EMPLOYMENT REQUEST FORM

POSITION WILL BE: \_\_\_ON-CAMPUS \_\_\_OFF-CAMPUS

POSITION TITLE: \_\_\_\_\_ # OF OPENINGS: \_\_\_\_\_

REQUIREMENTS: \_\_\_\_\_  
\_\_\_\_\_

DUTIES:  
\_\_\_\_\_  
\_\_\_\_\_

HOURS/DAYS: \_\_\_\_\_

HOURLY PAY RATE: \_\_\_\_\_

\_\_\_ CHECK HERE IF ONE OR MORE OF THESE POSITIONS WILL BE FILLED BY A RETURNING STUDENT OR STUDENTS. STUDENT NAME(S):

\_\_\_\_\_  
\_\_\_\_\_

EMPLOYER/DEPT: \_\_\_\_\_

ADDRESS/MAIL CODE: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON(S): \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

BEST DAYS/HOURS FOR REFERRALS DURING FIRST WEEK OF CLASSES:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN THIS FORM TO THE COLLEGE WORK-STUDY OFFICE ALONG WITH YOUR CONTRACT AND AGREEMENT  
THANK YOU.