

**SUNY Downstate Medical Center**  
Office of Financial Aid  
450 Clarkson Avenue, Room 1-114  
Brooklyn, NY 11203-2098  
(718) 270-2488

**Federal Work-Study  
Employment Request Form**

**Supervisor's Name:** \_\_\_\_\_  
(Please Print)

**E-Mail Address:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Phone Ext.:** \_\_\_\_\_ **Box #:** \_\_\_\_\_

**Period of Employment:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Degree Requirement:** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

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

A resume { } is { } is not required.

**Number of Students Needed:** \_\_\_\_\_ **Number of Hours Per Week:** \_\_\_\_\_

**Days and Times Needed:** \_\_\_\_\_

**Contact Information:** \_\_\_\_\_

**Office of Financial Aid Use Only**

Approved by \_\_\_\_\_ Date \_\_\_\_\_ Rate of Pay \$ \_\_\_\_\_

Notes \_\_\_\_\_

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Updated \_\_\_\_\_