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: __________________________________________________________

Ofice of Financial Aid Use Only

Approved by _______________ Date __________ Rate of Pay $________
Notes ____________________________________________________________
____________________________________________________________________________
Updated _________ _________ _________ _________ _________ _________