

FEDERAL WORK-STUDY PROGRAM REQUEST FOR STUDENT ASSISTANT

(One request form per student)

Department _____ Immediate Supervisor _____

Address _____ Telephone _____

Work Location (if different from above) _____

Job Title _____

Number of Hours/Week _____ Schedule: Flexible _____ Firm _____

If firm schedule, indicate specific hrs/days required: _____

Name (if specific student is requested) _____

This request is ranked number _____ of the _____ positions requested by this department

Request Submitted By: _____ Date: _____

Approval of Dean, Director, Dept. Chairman _____

Approval of Vice Chancellor's Office _____

FINANCIAL AID OFFICE USE ONLY

NAME			
DATE HIRED			
DATE REC'D			
DATE SENT TO HR			
PAF			
DIRECT DEPOSIT			
PDF			
W-4			
I-9			
DATE QUIT/TRANS			

Department Name:

Equipment Used:

Job Duties:

Physical Effort: