

***REQUESTING DEPARTMENT INFORMATION***

Department:  Location/Building:

Contact Person Name:  Title:

Phone No:  Ext:

***STUDENT POSITION INFORMATION***

Number of Students Being Requested:

If specific student(s) list name(s):

Work Location: Campus -  Building -  Room -

Supervisor Name:  Supervisor Title:

Work Study Student Duties and Responsibilities:

Requestor’s Name:

Requestor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

***Submit form to the Office of Human Resources for processing of request.***

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