OFF CAMPUS
STUDENT EMPLOYMENT JOB DESCRIPTION / REQUEST FORM

PLEASE COMPLETE AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE

AGENCY:
ADDRESS:

BUDGET#: 1-67113
BUDGET UNIT HEAD: ____________________________ SIGNATURE ____________________________ DATE

SUPERVISOR: (Person authorized by the Budget Unit Head to sign timecards. ONLY ONE supervisor please.)
NAME ____________________________ SIGNATURE ____________________________ DATE

NAME ____________________________ SIGNATURE ____________________________ DATE

EMAIL ADDRESS ____________________________ PHONE ____________________________

OTHER CONTACT PERSONS: (Persons authorized by the Unit Head to sign timecards in the absence of the supervisor.)
NAME ____________________________ SIGNATURE ____________________________ PHONE: __________

NAME ____________________________ SIGNATURE ____________________________ PHONE: __________

THIS POSITION IS AVAILABLE FOR STUDENTS EMPLOYED THROUGH THE FOLLOWING
X __ FEDERAL WORK STUDY (AGENCY PAYS 25% OF THE STUDENTS EARNINGS)

JOB TITLE:

NUMBER OF POSITIONS TO BE FILLED:

JOB PURPOSE: (How does this job complement/ enhance the student’s career/educational plans?)

DUTIES/RESPONSIBILITIES:

SKILLS/QUALIFICATIONS:

_____ YES, I WOULD LIKE THIS JOB POSTED FOR THE UPCOMING ACADEMIC YEAR

_____ PLEASE KEEP THIS JOB ON RECORD BUT DO NOT POST (I already have students lined up)

FINANCIAL AID USE ONLY: A B C D O _______