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: _____ _____ _____
NAME **SIGNATURE** **DATE**

SUPERVISOR: *(Person authorized by the Budget Unit Head to sign timecards.* ***ONLY ONE*** *supervisor please.)*

_____ _____ _____
NAME **SIGNATURE** **DATE**

_____ _____
EMAIL ADDRESS **PHONE**

OTHER CONTACT PERSONS: *(Persons authorized by the Unit Head to sign timecards in the absence of the supervisor.)*

_____ _____ **PHONE:**_____
NAME **SIGNATURE**

_____ _____ **PHONE:** _____
NAME **SIGNATURE**

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 _____