

Request for Student Employment by Department FY_____

Fall/Spring Fall Spring Summer
(Please circle appropriate semester)

Department Requesting Student Worker _____

For Business Office Use Only

Student Name _____

Work Study Eligible: Yes____ No____

Returning Student Worker Yes____ No____

Date Entered into CampusWorks _____

Approximate hours to be worked per week _____

Date CampusWorks Eligible _____

Wage _____

Student Name _____

Work Study Eligible: Yes____ No____

Returning Student Worker Yes____ No____

Date Entered into CampusWorks _____

Approximate hours to be worked per week _____

Date CampusWorks Eligible _____

Wage _____

Student Name _____

Work Study Eligible: Yes____ No____

Returning Student Worker Yes____ No____

Date Entered into CampusWorks _____

Approximate hours to be worked per week _____

Date CampusWorks Eligible _____

Wage _____

Student Name _____

Work Study Eligible: Yes____ No____

Returning Student Worker Yes____ No____

Date Entered into CampusWorks _____

Approximate hours to be worked per week _____

Date CampusWorks Eligible _____

Wage _____

Authorized Department Signature _____

Date_____

Business Administrator Signature_____

Date_____