

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 _____