

University of the District of Columbia
 Office of Financial Aid
Request for Student Worker Form
College Work Study (CWS)
 Phone: (202) 274-5060 Fax: (202) 274-6060

Office Information	
Please fill in request information. Print clearly.	
Requesting office: Department, Public Agency, Non-profit Organization	
Office Location:	
Supervisor:	
Supervisor's Telephone Number:	
Timekeeper:	
Timekeeper's Telephone Number:	
Office Requirements	
Job Title:	
Number of Student Workers:	
Purpose of the student's job:	
The student's duties and responsibilities:	
The job qualifications: (required skills and experience)	
Length of the student's Employment:	
Number of Hours Per Week:	

Rate of Pay Determined by Personnel \$ _____ (per hour)

 Signature of individual completing this form.

 Date

Please return completed form to the Office of Financial Aid
 Bldg. 39, Room 101
 (202)274-5060