



Office of Financial Aid Request for Student Worker Form

Date of Request: _____

Please complete the requested information below. Print clearly.

Office Information

Requesting Office: (Circle One) Department Public Agency Non-Profit Organization

Requester: _____

Name of Office: _____

Office Location: _____

Office Hours: Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Supervisor Name: _____ Supervisor Phone: _____

Supervisor E-mail: _____ Alternative Contact: _____

Alternative Contact E-mail: _____ Alternative Contact Phone: _____

Number of Student Workers: _____ or Name of Requested Student _____

Office Requirements

Job Title: _____

Job Qualifications: _____

Student's Duties & Responsibilities: _____

Length of Employment: _____ Number of Hours Per Week _____

Time Keepers Information

Time Keeper's Name: _____ Time Keeper's Phone: _____

Time Keeper's E-mail: _____ Alternate Contact: _____

Alternate Contact E-mail: _____ Alternate Contact Phone: _____

For Office Use

- ACTIVE E-MAIL
 - SEP Worker
 - FWS Worker
- FLAGSHIP _____ CCDC _____
- Approved By _____