

## Work Study Request Form

**Requester**

Department: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Preferred Timing:    08:30 – 12:30     12:30 – 16:30     16:30 – 20:00

The purpose of hiring a Work Study:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Job Description:

- 1-
- 2-
- 3-
- 4-
- 5-
- 6-

Preferred Student's Name: \_\_\_\_\_

**To be approved by:**

Department Chair:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Provost

Name: \_\_\_\_\_ Signature: \_\_\_\_\_