

Work Study Assistant Request Form

Requester:

Name: _____

Position: _____

Department: _____

Signature: _____

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

The purpose of hiring a Work Study:

For the Duration of: _____ (e.g. Spring 2019)

Job Description:

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

Preferred Student's Name: _____ AUAF ID#: _____

To be approved by:

Department Chair:

Name: _____ Signature: _____

Provost Office

Name: _____ Signature: _____

Once approved, please submit this work-study request form to the Work-Study Program Office room# A04 in Annex Building. For any questions, please email workstudy@auaf.edu.af.

Note: This Form is only for AUAF Faculty and Staff.