



**FWS JOB REQUEST FORM** \_\_\_\_\_

**TERM** - \_\_\_\_\_

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

Location: \_\_\_\_\_

Will student work remotely? Yes  No  Weekend work

Supervisors ( two needed)

Name \_\_\_\_\_ email address \_\_\_\_\_

Name \_\_\_\_\_ email address \_\_\_\_\_

Total Student needed \_\_\_\_\_ Supervisors Acknowledgement:

Brief description of expected duties:

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Hours & days students are needed to work:

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Do you require special skills? Will you train?

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Supervisors Acknowledgement:

Federal Work Study students must perform college related tasks in order to be paid. All students are expected to work at their supervisor's discretion performing departmental work related duties and must be paid for actual time worked.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_