



Print Form

Student Employment Funding Request Form

Date: _____ Amount Requested: \$ _____

Department: _____

Supervisor: _____

Contact #: _____

1. How many hours per week do you need student help?

2. What are the qualifications and skills needed?

3. What are the duties to be performed?

4. How would the work get done without student assistance?

5. Are there students currently working for you who you would like to have continue? If so, please provide their names below.