

SOUTHEASTERN COMMUNITY COLLEGE

FEDERAL COLLEGE WORK-STUDY RECURRING REQUEST FORM

FALL 2018 & SPRING 2019

INSTRUCTIONS: Complete and return request form to the Financial Aid Office if you are requesting a work-study student to be assigned to you for the semesters listed above. Assignments may be considered in the order received and are dependent on available funding.

Supervisor _____ Department _____

Office/Room # _____ Telephone Ext. _____

Job Title _____ Base Pay Rate: \$7.50 per hour

1. List the names of students whom you would like to have assigned to work for you.

1st choice _____ 2nd choice _____

3rd choice _____ 4th choice _____

2. Total number of hours work-study student(s) is/are needed per week. _____

3. Check preferences: _____ Freshman _____ Sophomore

**** Please see current job description on file (or posted on website) for the above referenced Job Title and submit any changes that may be required for the following:**

4. Describe the duties and responsibilities that will be required of the student(s):

5. List any special skills or experience required:

6. Any other requests/changes: _____

I acknowledge that I have read and agree with the current job description for the above referenced Job Title unless otherwise stated above and submit this request for consideration.

Signed : _____

Date: _____