



2009 – 2010 FEDERAL WORKSTUDY REQUEST FORM

Please type directly on form and return by EMAIL to aschreibman@laspositascollege.edu

Please send one separate workstudy request form for EACH position you are requesting

Name of employee making request: _____ Extension # _____

Area/Department student to be employed in: _____

Requested employment start date: _____

Minimum/Maximum number of hours/week you would be able to gainfully employ a student
DURING SUMMER: Min ___ Max ___ DURING THE SCHOOL YEAR: Min ___ Max ___

Please indicate if position is for specific hours and/or days _____

Do you currently have a FWS student working whose employment you would like to continue?

No Yes Name of Student: _____ ID# _____

Do you have departmental student assistant funds which could be used to meet the 25% matching requirement for these funds?? No Yes

If YES, account number type account number:

What is the pay rate for this position? Category A B C D Step 1 2 Rate\$ _____

1. List any office/computer/personal skills and/or qualifications required. If computer skills, be as specific as possible about the level of skill needed and any specific software programs the student must know.

2. Please include or attach a clear **job description**, including specific **job duties and responsibilities**:

3. If you feel this job would provide good work experience for a student in a specific curriculum please indicate major and explain: