SUNY Downstate Medical Center
Office of Financial Aid
450 Clarkson Avenue, Room 1-114
Brooklyn, NY 11203-2098
(718) 270-2488

Federal Work-Study
Employment Request Form

Supervisor's Name: _____
(Please Print)
E-Mail Address: _____

Department: _____

Location: _____ **Phone Ext.:** _____ **Box #:** _____

Period of Employment: From: _____ To: _____

Job Title: _____

Degree Requirement: _____

Job Description: _____

_____

_____

_____

A resume { } is { } is not required.

Number of Students Needed: _____ **Number of Hours Per Week:** _____

Days and Times Needed: _____

Contact Information: _____

Office of Financial Aid Use Only

Approved by _____ Date _____ Rate of Pay $_____

Notes _____

_____

Updated _____ _____ _____ _____ _____ _____