

# CUYAMACA COLLEGE

## Federal Work Study Student Employee

### Job Request

#### Position Information

Job Title: \_\_\_\_\_ Term Requested: \_\_\_\_ Fall \_\_\_\_ Spring  
Number of Students Requested: \_\_\_\_ Total Number of Hours Covered: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
(Entry Level Only – Step A)

#### Department Contact Information

Department Name: \_\_\_\_\_ Building & Room Number: \_\_\_\_\_

Name of Work-Study Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Requested Work-Study Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

#### Notes

#### Job Skills and/or Experience Required

#### Duties Performed

\_\_\_\_\_  
Type Dean's/Manager's Name

\_\_\_\_\_  
Date