STUDENT HOURLY REQUEST FORM

Please have this form filled out and signed by Department Administrator prior to interviewing for the position.

Today’s date: ____________________  □ New Position  □ Replacement

Position needed to hire for: ________________________________
Date to fill position by: ________________________________
Date position would end: ________________________________
How many hours per week? ________________________________
Requested wage: ________________________________
Funding source: ________________________________

Please list in detail a description of duties:

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Printed name of supervisor: ________________________________
Phone number of supervisor: ________________________________
Email of supervisor: ________________________________

Printed name of Alternate approver: ________________________________
Email of Alternate approver: ________________________________

Department Manager approval: ________________________ Date: __________