



# Lake Superior State University

## Work Study Request Form

Hiring Department Name \_\_\_\_\_

Account Number \_\_\_\_\_

Total Number of Work Study Student Employees Requested \_\_\_\_\_

Please assign the following students to the above department:

<b>Student's Name</b>	<b>Pay Rate</b> (if other than level I)	<b>Account No.</b> (if different than above)	<b>Skills Required</b>	<i>HR Office Only</i> <b>Confirmation</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Copy sent to department.				<i>Date</i>

Please DO NOT assign the following students to our department: