



Work Study Request Form

Hiring Department Name _____

FOAP _____

Total Number of Work Study Student Employees Requested _____

Please assign the following students to the above department:

Student's Name	Pay Rate (if other than level I)	FOAP (if different than above)	Skills Required	<i>HR Office Only</i> Confirmation
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: