

**Federal Work-Study Program
Off Campus Employment Request Form**

Employer: _____
Address: _____
Contact: _____
Title: _____ Telephone: _____
Supervisor: _____ Telephone: _____

Job Title: _____
Pay Rate: _____
**If payrate exceeds \$10 per hour, please provide justification: _____

Days and Hours per Week: _____ Number of Positions: _____

Job Description: _____

Skills, Abilities or Experience required for this job: _____

Educational Benefits this job can provide: _____

Career Options this job can offer: _____

Preferred Majors: _____

S.E. ONLY _____
Date Received Date Posted Posting Number