

PERSONNEL REQUISITION FOR WORKSTUDY

PLEASE COMPLETE AND OBTAIN APPROVAL PRIOR TO HIRE

Name			S#	
Work Location				
Hourly Rate		Hours per Week		
(Actual hours may be less that supervisor approval, student				sion. With
Start/Effective Date:		End Date:		
Position Number:		Suffix:		
		Completed by HR		
Fund	Ora	Account	Program	%
Fullu	Org	Account	Fiogram	70
Supervisor S# Supervisor Email				
APPROVALS:				
Financial Aid				
Financial Aid				
Director				
Budget				