

CUYAMACA COLLEGE

900 Rancho San Diego Parkway, El Cajon, CA 92019

Federal Work Study Student Employee Request

Position Information

Job Title: _____ Term Requested: ____ Fall ____ Spring

Number of Students Requested: ____ Total Number of Hours Covered: _____ Hourly Rate: _____

(Based on District Pay Schedule)

Department Contact Information

Department Name: _____ Building & Room Number: _____

Name of Work-Study Supervisor: _____

Phone Number: _____ Email: _____

Requested Work-Study Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Notes

Job Skills and/or Experience Required

Duties Performed

Dean's/Manager's Name

Date