

Appendix D

REQUEST FOR WORK-STUDY POSITION 2001-2002

1. Period: (A) Academic Year ____ (B) Fall Only ____ (C) Spring Only ____
2. Job Title: _____
3. Number of Positions Requested: _____
4. Avg # of Work Hours Per Week: _____
5. Hourly Pay Rate: \$ _____
6. Student May Have to Work: (A) Days ____ (B) Evenings ____ (C) Nights ____ (D) Weekends ____
7. Hiring Department: _____
8. Person Student Initially Reports To: _____
9. Building Name and Room Number: _____
10. Campus Box and Telephone Number: _____
11. Person Responsible for Payroll: _____
12. Department FAS Account: _____
13. Project #: _____
14. OUC #: _____
15. Job Description and Any Special Skills:

16. List Name and SSN of Students You Wish to Rehire:

RETURN BY E-MAIL TO: Wendy wtso@eos.ncsu.edu BEFORE April 27, 2001.