

Work Study Position Description

(PLEASE FORWARD THIS COMPLETED FORM TO DAVID ZOPPOLI IN CAREER SERVICES)

Date of Request: ____/____/____

Student Name: _____

Department: _____ Requestor: _____

Please give a description of the work the student will be doing:

Will the student be exposed to confidential information?: ____ Yes ____ No

Anticipated Work Schedule*:

Sun ____ to ____ Mon ____ to ____ Tue ____ to ____

Wed ____ to ____ Thur ____ to ____ Fri ____ to ____

Sat ____ to ____

**Permission to exceed 15 hours per week may only be granted by the Provost.*

How long do you anticipate needing work study assistance?:

____ One day ____ One Month ____ Entire Semester

____ Indefinitely ____ For a special project/event

Department Head _____/____/____
Date

Provost _____/____/____
Date

If interested, please submit resume to _____ at _____@goodwin.edu