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