

**2009 – 2010**

**INSTRUCTIONS FOR COMPLETING CLARK COLLEGE  
WORK-STUDY STUDENT HELP REQUEST FORM**

Please fill out this form online, then print and sign. To fill out this form, click in the grayed areas provided. Where there are check boxes, next to specific field you can click inside the box indicating your choice. Please include a complete job description.

**Only One form per Job Title; If you hand pick a student for this job, e-mail [lleksunkin@clark.edu](mailto:lleksunkin@clark.edu) with the Students Name and SID#, Job#, wait 24 hours, then send the student to Employment Services.**

Subsequent modifications must be approved before any changes will be made. The completed form should be returned to the Clark College Work-Study Office (Mail Stop GHL 106), phone: 992-2416.

- (1) **DEPT. NAME:** – Name of the department in which the student will be hired.
- (2) **ADMIN ASST. NAME:** - Admin Assistant's name and their phone ext.
- (3) **SUPERVISOR NAME:** – Name of faculty/staff member who will directly supervise the student and their phone ext.
- (4) **BUDGET NUMBER** – Departmental budget number in which the student will be paid from in the case of Institutional Hire *or* Work-Study award overage.
- (5) **DURATION OF POSITION** – Quarters in which this position will be available. To choose the quarters simply click in the box provided next to each quarter you wish to make the position available and a check will appear in the box.
- (6) **NUMBER OF POSITIONS** – Whether any positions have been filled or not this represents the total number of positions you will hire.
- (7) **PRIMARY TASKS** – In order of importance list the major tasks the students will need to be able to perform.
- (8) **SKILLS/EXPERIENCE/EDUCATION REQUIRED** – If you have any specific skills or education that you feel would be a contributing factor for an ideal candidate to possess.
- (9) **REQUEST AUTHORIZED BY** – Administrative Assistant authorized to sign time sheets and hire students must sign this form.
- (10) **INSTITUTIONAL HIRE AUTHORIZED BY** – the Dean or the Vice President must authorize all Institutional Hire positions to assure that permission has been granted to use departmental funds.

# 2009 - 2010

## CLARK COLLEGE ON-CAMPUS STUDENT HELP REQUEST FORM

Only One form per Job Title; If you hand pick a student for this job, e-mail [lleksunkin@clark.edu](mailto:lleksunkin@clark.edu) with the Students Name and SID#, Job#, wait 24 hours, then send the student to Employment Services.

Job Title:	Dept. Name:
Admin. Asst. Name:	Phone Ext.:
Supervisor's Name:	Phone Ext.:
Budget Number:	Number of Positions:
Duration of Position: Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/>	

Students may not exceed their award amount. Students also may not exceed 17 hours of work per week while attending classes.

### PRIMARY TASKS (In Order of Importance):

### SKILLS / EXPERIENCE / EDUCATION REQUIRED:

Advertise this job for Work-Study Students only.

Advertise this job for Work-First Students only.

Advertise this job for Institutional Hire Only– Dean or Vice President's signature is required.

<b>REQUEST AUTHORIZED BY:</b>	
_____ <i>Signature of Supervisor</i>	____/____/____ <i>Date</i>
_____ <i>Signature of Department Head / Director / Divison Chair</i>	____/____/____ <i>Date</i>
_____ <i>Signature of Administrative Assistant</i>	____/____/____ <i>Date</i>

<b>Work-Study AUTHORIZED BY:</b>	
_____ <i>Signature of Work-Study Coordinator</i>	____/____/____ <i>Date</i>

<b>Institutional Hire AUTHORIZED BY:</b>	
_____ <i>Signature of Dean or Vice President</i>	____/____/____ <i>Date</i>

### FOR OFFICE USE ONLY:

JOB #: \_\_\_\_\_

JOB TYPE: ---08---10---14---15---54---55---56---57---64---65---98

RETURN SIGNED ORIGINAL TO THE Financial Aid Work-Study Office  
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