



## 2011/12 Student Employment Position Request Form For periods of Non-enrollment

Wilberforce University P.O. BOX 1001, N. Bickett Road

Wilberforce, Ohio 45384-1001 Tel: 1-937-708-5727

Department/Agency \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Student Job Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Work Location \_\_\_\_\_ Number of positions requested \_\_\_\_\_

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**Please describe job duties to be performed:**

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**Please describe major responsibilities:**

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**Please explain why FWS personnel are required for period of non-attendance:**

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**Number of hours anticipated per week for non-enrollment employment:**

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***Please indicate student personnel for which FWS authorization is requested:***

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<u>Name:</u>	<u>Id:</u>	<u>Position Code:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor Signature \_\_\_\_\_

Supervisor Printed Name \_\_\_\_\_

Date \_\_\_\_\_