

CUYAMACA COLLEGE

900 Rancho San Diego Parkway, El Cajon, CA 92019

Federal Work Study Job Request

Position Information

Job Title: _____ Term Requested: ___ Fall ___ Spring

Number of Students Requested: ___ Total Number of Hours Covered: _____ Hourly Rate: _____

Department Contact Information

(Based on District Pay Schedule)

Department Name: _____ Building & Room Number: _____

Name of Work-Study Supervisor: _____

Phone Number: _____ Email: _____

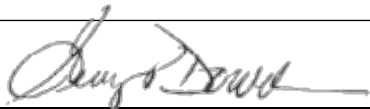
Requested Work-Study Hours

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Notes to applicants

Job Skills and/or Experience Required

Duties Performed



Dean's/Manager's Name

Date