



PARK
UNIVERSITY

Work-Study Employee Requisition Form

School Year: Fall 2001 / Spring 2002

Department _____

Bldg/Room# _____

Contact Person _____

Phone# _____

Job Title _____

Level _____

Pay Rate \$ _____ per/hour

Job Description:

Number of Openings _____

Hours per week _____

Supervisors Signature _____ Date _____

Office Use Only

Approved ___ Disapproved ___ Reason _____

Coordinator Signature _____ Date _____