

UMPQUA COMMUNITY COLLEGE

20/21

FEDERAL WORK-STUDY JOB REQUEST

1. Request from (supervisor): _____

2. Department: _____

3. Department Head: _____

4. Work-Study Job Title: _____

5. Work-Study Job Description (be specific and show justification for need):

6. Qualifications desired (be specific):

7. Estimate number of hours needed per week.
Summer Term _____ hours per week
Academic Year (FA-SP) _____ hours per week

Supervisor's Signature: _____
(My typed name constitutes my signature)

Director or Department Head's Signature: _____
(My typed name constitutes my signature)