

COLLEGE WORK-STUDY

Budget Request
2008-2009 Fiscal Year

Department _____ Budget Code# _____ Telephone _____

Building _____ Contact Person _____ Room# _____

Alternate _____ Ext. _____

FALL SEMESTER 2008 - SPRING SEMESTER 2009

Hours per Week	Job Description / Minimum Skills	Names of Requested Students

SUMMER SESSION 1 & 2 2009

Hours Per Week	Job Description / Minimum Skills	Names of Preferred Students

Signatures:

Department Head _____