

Student Employment Request Form

Please fill out the following information and send the form to Student Financial Services at lawfa@seattleu.edu.
Please CC the Alternative Supervisor and the Student.

Section 1: Student Information

Student Name: _____ Student Email: _____

If you are the recipient of State Work Study or Federal Work Study funds, please mark one of the boxes below:

State Work Study (*requires appointment with a member of the financial aid team*)

Federal Work Study

Unsure

Student Print Name

Student Signature

Section 2: Department Information

Position Title: _____ Hiring Department: _____

Anticipated Hours per week: _____

Nature of Work:

Start Date: _____

Estimated End Date: _____

Primary Supervisor:

Alternate Supervisor:

Email:

Email:

Supervisor Signature

Alternate Supervisor Signature