

Return this form to:
workstudy@carlalbert.edu
 Office of Financial Aid
 - Federal Work-Study
 Business Office
 - Institutional Work-Study

Work-Study Job Posting Request

Semester/Year: Fall: _____ Spring: _____ Summer: _____

Type of WS: Federal Institutional

Department Name/#: _____

Campus: Poteau Sallisaw Off Campus

Building: _____ Office/Room #: _____

Job Duties/Responsibilities:

Schedule:

| | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------------------------|--------|--------|---------|-----------|----------|--------|----------|
| (Possible working hours) | | | | | | | |

Supervisor Name: _____

Email: _____

Phone #: _____

Other Information (if applicable):
