CARL ALBERT STATE COLLEGE
EST. 1933

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

Day of Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Possible working hours							

Supervisor Name: _____

Email: _____

Phone #: _____