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**CSM FINANCIAL AID OFFICE**  
**Federal Work Study and CalWorks Work Study Programs**  
**Request for Student Employee Form**

Division: Department:  
Immediate Supervisor: Phone:  
Building # / Room #:  
Account Number for Division/Department:  
(please indicate your 6-digit program number above)

Total number of students needed for this position:

**Job Description:** (Please be specific and include the duties most frequently performed, machines and/or equipment used, and other responsibilities. Also indicate the degree of independent judgment required for this position.)

Skills or experience is required to perform the job:

Name(s) of prospective Federal Work Study student(s) you wish to have referred to your department:

Signature of supervisor: Date: Phone #:

**FINANCIAL AID OFFICE USE ONLY**  
History of Referrals and Hires

<b>Date of Referral</b>	<b>Name of Student</b>	<b>Hourly Rate</b>	<b>Allocation</b>	<b>Date of Hire</b>
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