



2011- 2012 Community Service Work Study Information Sheet & Request for Position Approval Form

PLEASE SUBMIT A FORM FOR EACH TYPE OF POSITION BEING REQUESTED VIA EMAIL, FAX OR US MAIL

Job Title:	Number of students needed:
Proposed Hourly Wage:	Actual Hourly Wage TBD by NLU:
Start Date:	End Date:
Work Schedule-Days & Hours of position:	
Name of Agency: _____	
Address: _____	
City:	State:
	Zip Code:
Supervisor's Name:	Interviewer's Name (if different from Supervisor):
Alternate Supervisor's Name & Phone #:	
Telephone Number to call to set up an interview:	Email:
Business Hours of Agency:	

Detailed summary of services provided. If necessary, attach a separate sheet.

Detailed description of duties and responsibilities. Description of any special skills or specific requirements (indicate preferred or required, e.g. Specific computer programs, typing speed, required training or commitment, etc. If necessary, attach a separate sheet.

Please explain and justify a need for a student worker(s) for your agency. If necessary, attach a separate sheet.
