

REQUEST FOR WORK SERVICE STUDENT

This form should be completed by the faculty/staff member requesting work service students.

Please return the completed form to Trudy Hearn's mailbox (located in the Admin Mailroom) or
her office (located in the Res Life Building-1310)

Refer any questions to Trudy by email (hearnt@asmsa.org) or phone (ext.5310)

Faculty/Staff Information:

Name: _____ Department: _____

Room/Office No. _____ Office Phone: _____

Work Service Information:

Job Title:

Lab Assistant

Library Aide

Office Assistant

Cafeteria Aide

Other: _____

Job Description:

Work Service Schedule(list hours the work service students are needed)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

it will be up to the requesting faculty/staff member and the student to work out the specific work schedule

Number of students requested: _____

Request for specific student(s) (only seniors):

1) _____ 2) _____

Assignment of specifically requested student(s) is not guaranteed

work service is not guaranteed

Signature _____ Date _____

Department Chair _____ Date _____

PLEASE RETURN FORM BY AUGUST 6, 2008 TO TRUDY HEARN