



COLLEGE OF MICRONESIA-FSM

FEDERAL WORK-STUDY PROGRAM

JOB REQUEST FORM

Department/Agency: _____

Division/Office: _____

Supervisor Requesting: _____
Telephone, Fax, and Email Address

Job Location: _____

Number of Position Requested: _____

Work-Study Student(s) job title: _____

Detail Job Descriptions

Expectations, preferences, and required skills needed for the job:

Student Benefits: How do you plan to assist the student gain additional skills or broaden his/her knowledge while working under your supervision during this semester?

Requested by: _____
On-Job Supervisor

Date: _____

Approved by: _____
Financial Aid Coordinator

Date: _____