

Austin Peay State University Federal Work Study/Scholarship Employment Request Form



I. Date: _____ - _____ - _____

II. Job Title: _____ Department Name: _____

Building: _____ Room Number: _____

Contact Person: _____

Email Address: _____

Phone Number: _____

A. Number of Student Workers requested: _____

III. Recommended Hourly Rate: \$ _____

(Attach Job Description)

IV. Supervisor Signature: _____