

State University of New York College of Environmental Science and Forestry

Office of Financial Aid and Scholarships

REQUEST FOR STUDENT EMPLOYEE(S) UNDER THE FEDERAL COLLEGE WORK-STUDY PROGRAM

ACADEMIC YEAR 2024-2025

One of these forms should be completed for each type of job available.

Employer Department:	
Position Location:	Phone:
	AR REQUEST – August 26, 2024 – May 17, 2025
Job Title:	
Job Description:	
Job Requirements:	
Position Justification:	
Is this position an extramurally funde	ed project?
If yes, Project title:	
Number:	
	BUDGET INFORMATION
Number of Students ¹ :	Weekly Hours Per Student ² :
Weekly Hour Total ³ :	Number of Weeks ⁴ : 30
(1 x 2) Wage Rate⁵: \$15.00	Requested Allocation: 0.00
Approved Allocation (Required):	
••	n be determined by President, Vice President, Department Chair, prior to submission to the Financial Aid Office
	SUPERVISOR INFORMATION
Supervisor:	Title:
Office:	Phone:
Fax:	E-mail:

113 Bray Hall | 1 Forestry Drive | Syracuse, NY 13210 | Phone: 315-470-6671 | Fax: 315-470-4734 | rshilts@esf.edu

CONTACT INFORMATION

The contact information listed above will be included in posted job descriptions unless checked below. Please check the boxes for any information that should **NOT** be included.

No Phone Number	No Fax Number	No E-mail Address	;	
PROCEDURES				
Appropriate Action Request for Federal Work-Study Student Employee forms delivered to faculty and staff.			Deadline Date 2/5/2024	
		lty k- Study	2/11/2024	
[Divisions other than Academic Affairs] Director reviews all requests, endorses valid requests, and forwards to appropriate supervisor (in most cases, President/Vice President).			2/19/2024	
 [Divisions other than Academic Affairs] President/Vice Presidents review requests, determine allocation amount for each department/area, and return approved forms to department chairs/directors. [Academic Affairs Only] Unit heads allocate available funds and submit allocation summary sheet to Provost. 			2/26/2024	
unit heads notify req	sition in their area, notify the n, and then forward approve	e requesting ed forms to it summaries; allocation and	3/4/2024	

SIGNATURES

Position Supervisor:	Date:
Department Chair/Director:	Date:
President/Vice President:	Date:

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