

Office of Financial Aid and Scholarships

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

SUMMER 2025

| One of these forms should be completed for each type of job available. | | | | |
|--|---|--|--|--|
| Employer Department | | | | |
| Position Location: | Phone: | | | |
| | SUMMER REQUEST – May 11, 2025 – August 24, 2025 | | | |
| Job Title: | | | | |
| Job Description: | | | | |
| Job Requirements: | | | | |
| Position Justification: | | | | |
| Is this position an extramurally funded project? | | | | |
| If yes, Project title: | | | | |
| Number: | | | | |
| BUDGET INFORMATION | | | | |
| Number of Students ¹ : | Weekly Hours Per Student ² : | | | |
| | Number of Weeks ⁴ : 15 | | | |
| (1 x 2) Wage Rate⁵: \$ | 15.50 Requested Allocation (3x4x5): 0.00 | | | |
| Approved Allocation (Required): Note: The approved allocation can be determined by President, Vice President, Department Chair, or Director, and must be entered 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 | finaid@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 | | | | | |
| •• | priate Action Study Student Employee for | ns delivered | Deadline Date 2/3/2025 | | |
| and academic year periods Chairperson/Director. [Academic Affairs of | I staff complete requests for and forward them to Faculty only] Provost provides Work- ation summary sheets to uni | / · Study | 2/10/2025 | | |
| | demic Affairs] Director revie quests, and forwards to app President/Vice President). | | 2/17/2025 | | |
| Presidents review requests department/area, and retur chairs/directors. | demic Affairs] President/Vio , determine allocation amoun n approved forms to departm Dnly] Unit heads allocate avants n summary sheet to Provost. | nt for each nent ailable funds | 2/24/2025 | | |
| available funds to each pos individuals of that allocation the Financial Aid Office for [Academic Affairs (unit heads notify req | demic Affairs] Directors allo sition in their area, notify the n, and then forward approved tracking and posting. Dnly] Provost approves unit uesting individuals of their al rms to the Financial Aid Offic | requesting I forms to summaries; location and | 3/3/2025 | | |

SIGNATURES

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

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