STUDENT WORKER REQUEST

Campus:  Queens Staten Island Manhattan Date:

Department:       Org#:

Ext#:

Building Location:

Room #

Will interview be conducted at this location? Yes No

Supervisor’s Name:

Office Hours:

Type of Student Requesting: *(check one)*

College Work Study Student Regular Student

Number of positions available:

Work Schedule: (Please be specific) (i.e.) 8:30 a.m.-12 p.m.

Duties and Responsibilities: (i.e.) Typing, filing, answering phones …

Skills: (i.e.) Basic Microsoft Word, Excel

Comments:

***Instructions****: Please complete this form and return to Darren Russell at* [*russelld@stjohns.edu*](mailto:russelld@stjohns.edu)

*in the Office of Human Resources.*