

Please fill out the following form. Print, Sign, and mail to: Student Employment Services, UC121; or fax to 774-4480. A copy of this form will be returned to your office upon award evaluation. Any questions, please call: 774-3881

Last Name:	First Name:		
Campus ID#:			
Permanent Home Address:			
City:		State: Zip:	
Does this student have a family member working in a supervisory role within their assigned department?			
Department:		Contact Person:	
Phone:	Fax:		
Type of Award Desired:	Academic Year	Summer	
Work Study GS	A Projected An	nount: \$	
If student is NOT eligible for work study, do you want to hire them as GSA? YES* NO *If yes, indicate GSA cost center as well as work study cost center.			
Work Study Cost Center:	GSA Cost Cente	er: WBS Element (G	rant)
Level: S-1 S-2	S-3 Job Title:		Task #:
Begin Date (mm/dd/yyyy):	End Date:	Rate of Pay: S	6
Supervisors Signature:		Date:	
Do not write below this space			
Type of Award: 🗌 <u>GSA</u> Ge	eneral Student Assistance	☐ <u>FWS</u> Federal Work Study ☐ <u>M</u>	IWS Michigan Work Study
Award Amount: \$	Need to fill out	RIGHT TO KNOW is now available on Managers Desktop, found under CMU Management Reports – Personnel Development – Qualifications Overview If you have questions please contact: Environmental Safety Services: 774-7398	
SES Evaluation Completed By	:	_ SAP Entry Completed By:	