



JOB DESCRIPTION/REQUEST

FOR STUDENT EMPLOYEES
OFFICE OF STUDENT EMPLOYMENT

**Please use a separate request for each position filled.
ALL SECTIONS MUST BE COMPLETED**

DEPARTMENT:	
LOCATION:	PHONE:
CONTACT PERSON:	EMAIL:
<input type="checkbox"/> Academic Year: _____ <input type="checkbox"/> Summer: _____	
JOB TITLE:	
JOB OUTLINE:	
MINIMUM QUALIFICATIONS:	

Hourly Rate: _____
 # of Hours Required: _____ Daytime _____ Evening _____ Weekend _____ Holidays _____
 Position is for: Federal Work-Study Non Federal Work-Study
 Undergraduate Graduate

Will the student employee be using or be exposed to Human Bloodborne Pathogens? Yes* No
 * If yes, the student will be required to receive a Hepatitis B vaccination or sign a declination statement.

REQUEST FOR A SPECIFIC STUDENT:

STUDENT NAME:	STUDENT ID#:
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Federal regulations require that this form be processed before the student begins working and that the I-9 Form (Employment Eligibility Verification) be submitted to the Office of Student Employment within 3 business days of the hire date.

**PLEASE RETURN THE COMPLETED FORM TO:
 OFFICE OF STUDENT EMPLOYMENT
 YOST HALL, ROOM 412
 (216) 368-4533
 FAX (216) 368-5054
 stu-emp@case.edu**