



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:	HANDSHAKE POSTING #:
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

STUDENT NAME:	STUDENT ID#:
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Federal regulations require that this form accompany a Hire/Maintenance Form and that they both be processed before the student begins working. The student must complete the I-9 Form (Employment Eligibility Verification) with the Office of Student Employment within 3 business days of the hire date.

PLEASE RETURN THIS FORM WITH A HIRE/MAINTENANCE FORM TO:
OFFICE OF STUDENT EMPLOYMENT
YOST HALL, ROOM 412
(216) 368-4533
FAX (216) 368-5054
stu-emp@case.edu