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**OFFICE OF FINANCIAL AID**  
**STUDENT EMPLOYEE REQUEST FORM**

Employees of Columbia State Community College must complete this form to request student employees participating in the Federal Work-Study, Institutional, or the Academic Service Scholarship programs. Please complete the form and return it to the financial aid office.

The categories for student employees are listed below. Assignments will be made accordingly.

**Academic Service Scholarship Students:** Recipients must work 75 hours during the semester (fall and spring semester only) to earn the equivalency of full-time registration fees. Recipients may work one week before registration through the last day of classes each semester in which they have been awarded.

**Federal Work-Study Students:** Students are paid an hourly rate of minimum wage and may work from 5 to 20 hours per week from the first day of classes through the last day of finals each semester. "Federal Work-Study" is the name given to this program by the Federal Government and should not be interpreted to mean a job where students are paid for study time. Students are not permitted to work during the hours they are scheduled for classes.

**Institutional Work Students:** Students are paid an hourly rate of minimum wage and may work from 5 to 20 hours per week from the first day of classes through the last day of finals each semester.

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Budget Manager: \_\_\_\_\_

\_\_\_\_\_ How many total\* hours (per week) of student help will you need for the  
\_\_\_\_\_ academic year.

\*This total should include those students you wish to retain from the previous academic year, those students that you wish to employ and have identified below, and those additional students not yet identified.

\_\_\_\_\_ How many full-time employees report to you (*including full-time faculty*)?

\_\_\_\_\_ How many part-time employees report to you (*including adjunct faculty*)?



\_\_\_\_\_ How many labs require members of your department's staff to monitor?

Are there new students that you wish to employ during the \_\_\_\_\_ academic year? If so, please list them below. (**NOTE:** *The financial aid office will contact these students to have them complete the necessary documentation prior to assigning them to the college employment program.*)

Name: \_\_\_\_\_ A# \_\_\_\_\_

Name: \_\_\_\_\_ A# \_\_\_\_\_

Name: \_\_\_\_\_ A# \_\_\_\_\_

Name: \_\_\_\_\_ A# \_\_\_\_\_

Name: \_\_\_\_\_ A# \_\_\_\_\_

Name: \_\_\_\_\_ A# \_\_\_\_\_

Attached are the names of the student employees that were assigned to your area during the \_\_\_\_\_ academic year. Please indicate if you wish to retain these students by marking "yes" or "no" in the space provided. The attached list **and** the Student Employee Request Form must be sent together to the financial aid office by \_\_\_\_\_.

Budget Manager Signature: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_