

BOSTON COLLEGE
Off-Campus Federal Work-Study, including Community Service
Student Job Request Form

Instructions This form is to be used to list a single job title with Boston College. Complete ALL of this form (referring to the cover letter for additional information including employment dates), sign, date and return it to the Office of Student Services for review and approval. Please note that this is not a cost-free program for your agency: you will be responsible for a percentage of the student's earnings, as stated in the contract (refer to the aforementioned cover letter) with payment mailed directly to Boston College. Contact the Office of Student Services, 617-552-3300, if you have any questions.

This blank form may be photocopied if you intend to submit more than one student job title (Please Type or Print)

NAME OF ORGANIZATION: _____

ADDRESS: _____

ADMINISTRATOR: _____

(name)

(title)

E-MAIL ADDRESS: _____

PHONE NUMBER: (____) _____ ext. _____

List only one title per form (a separate form is required for each different title AND employment period). The Student Job Title, Job Class Number, and Hourly Wage must comply with the Boston College Student Job Classifications and Wage Structure.

TITLE: _____

JOB CLASS: 920 _____ HOURLY WAGE: _____ NUMBER OF OPENINGS: _____

EMPLOYMENT PERIOD (Check one only): SUMMER _____ ACADEMIC YEAR _____

START DATE: _____ END DATE: _____

(Must fall within our university-approved dates for that employment period. Refer to our cover letter)

APPROXIMATE NUMBER OF HOURS OF WORK PER WEEK PER STUDENT: _____

(Students are employees of Boston College although they are working at your agency through this program. Refer to our cover letter or to our website www.bc.edu/studentemployment about the maximum number of hours per week students may work)

If you plan to hire/rehire a specific Boston College student, list that student's name: _____

(The student still will be required to present his/her Boston College Off-Campus Federal Work-Study Hire/Rehire Form to you before beginning to work at your organization through this program for this employment period)

The name of the student's supervisor: _____

DUTIES (be specific), REQUIREMENTS AND/OR SKILLS NECESSARY TO PERFORM THIS JOB:

AUTHORIZED SIGNATURE: _____ DATE: _____

Return all completed and signed forms to:

Boston College
Office of Student Services
Lyons Hall
Chestnut Hill, MA 02467