Office of Student Financial Aid - Work Study Request Form

Please complete this form and return it to: OFFICE OF STUDENT FINANCIAL AID

Lister Hill Library G20

1720 2nd Ave S

Birmingham, AL 35294-0013 P: 205.934.8223 F: 205.934.8941

TRCole@UAB.edu

Department / Agency Name:		
Contact name for scheduling interviews:		
Name:		
Address		
City:	State:	Zip Code:
Phone Number:	Hourly rate (\$7.25 is minimum):	
JobTitle:		
Description of duties to be performed. Please list about five.		
Check all accurate statements:		
☐ This work was previously performed by a student worker.		
☐ This work was previously performed but has been expanded to provide additional public interest services.		
☐ This work will contribute significantly to the educational development of the student.		
☐ This work will not displace or replace any presently employed worker nor impair existing contracts for services.		
☐ This work will not discriminate as to age, race, or sex.		
☐ This work will not involve political activity or	r work for any polit	tical party.
\Box This work will not involve construction, operation or maintenance of so much of any facility used, or to be used for sectarian instruction or as a place of religious worship.		

Date:

Signature: