

**CASE WESTERN RESERVE UNIVERSITY
REQUEST FOR STUDENT EMPLOYEE**

NOTE: PLEASE USE A SEPARATE REQUEST FOR EACH POSITION TO BE FILLED. IN ORDER FOR THE REQUEST TO BE POSTED, ALL SECTIONS MUST BE COMPLETED.

ACADEMIC YEAR _____ SUMMER _____ FALL _____ SPRING _____

JOB DESCRIPTION: _____

WILL THE STUDENT EMPLOYEE BE USING OR BE EXPOSED TO **HUMAN BLOODBORNE PATHOGENS?**

YES NO

NOTE: IF YES, THE STUDENT WILL BE REQUIRED TO RECEIVE A HEPATITIS B VACCINATION OR SIGN A DECLINATION STATEMENT.

SKILLS NEEDED: _____

HOURLY RATE: _____ HOURS NEEDED: _____ () DAYTIME () EVENING () WEEKEND

DEPARTMENT NAME: _____ BUILDING: _____

HOME DEPT OPR Speed Type _____
(OPRxxxxxx)

PLEASE POST POSITION AS: WORK-STUDY JOB CAMPUS JOB BOTH

SUPERVISOR'S NAME (PLEASE PRINT): _____

SUPERVISOR CASE NETWORK ID _____ SUPERVISOR EMPLOYEE ID _____
PHONE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

ARE YOU REQUESTING A SPECIFIC STUDENT? YES NO

IF YES, NAME OF THE STUDENT: _____

Social Security Number _____ Student Employee ID _____

CHECK ONE:

JOB RENEWAL _____ NEW EMPLOYEE _____

**RETURN THE COMPLETED FORM TO: OFFICE OF STUDENT EMPLOYMENT
YOST HALL 410A - PHONE: 368-4533 - FAX: 368-5054**