

Long Beach City College FINANCIAL AID PROGRAMS

Federal Work Study Student Position Request 2019-2020 Fall – Winter- Spring

Department Name <u>and</u> Code:	Campus:
Department Head:	
FWS Supervisor:	Extension:
Timekeeper Name:	
Number of Federal Work Study students requesting:	
Formerly employe	d student you are requesting for 19/20 Student ID #
Please explain the need for this position (s) in term	6.1.6.11.
 Support students, program support, and/o Provide the benefits students will obtain b Duties and responsibilities the student will 	y being employed in your department.
FWS Supervisor Signature	