

STUDENT EMPLOYMENT PROGRAM

Department Needs Assessment

Open in Acrobat to utilize fill-in feature.

ACADEMIC YEAR UWO OGT

Department _____			Account # _____
Supervisor's Name _____	Office _____	Mail Station _____	Telephone _____

TOTAL NUMBER OF STUDENTS TO BE EMPLOYED: _____

• Identify specific students for hire or rehire below:

Student Name & Student ID#	Position Title*	New or Rehire
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

• Additional positions to be filled:

# of Sts.	Position Title*	Skills, Interests, Major Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Budgeted for: _____ # Work Study or Department Budget _____ # Work Study ONLY

**Please be sure that you have provided a job description for each student position in your area.*

Signature of Supervisor _____ _____
Date