



## Student Employee Intent to Hire Form

Academic Year: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_ Job Location: \_\_\_\_\_

Student Employee Supervisor: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position Start Date: \_\_\_\_\_ Position End Date: \_\_\_\_\_

Number of Student Workers: \_\_\_\_\_ Hours Per Week (per student): \_\_\_\_\_

(Not to exceed 20 hours per week or student's award amount)

Special Requirements or Experience:  Yes  No (If yes, please describe)

Job Description Attached:  Yes  No (If no, use description box below.)

(What will the student(s) be doing?)

Submitted by: \_\_\_\_\_

Please return this document and all applicable attachments to the Financial Aid Office.  
Call (530) 938-5209 if you have any questions.

*It is the policy of the College of the Siskiyous to not discriminate on the basis of race, color, national origin, sex, disability, or age.*

800 College Avenue, Weed, California 96094 (530) 938-5209

[www.siskiyous.edu](http://www.siskiyous.edu)