



SUMMER EMPLOYMENT ONLY (RETURN TO GSC 310)

Org/Fund # _____

Department _____

Immediate Supervisor _____ Phone number _____

Position Title _____

Position Number: _____

Work Location _____

Number of Students Needed _____ Hours/Week _____ Shift Differential Yes/NO

Contact person _____ Location _____

E-mail _____ Phone _____

For office use only:

Date received: _____	Date posted _____	Date inactive _____
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