

**El Centro College  
Student Employment Requisition**

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

**Room #** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_  
(Name of Person who will supervise student workers)

**Extension** \_\_\_\_\_

**Job Description:** \_\_\_\_\_

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**Work Days/Hours students are needed to work:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

No Preference

\_\_\_\_\_  
**Supervisor's Signature**                      **Date**

\_\_\_\_\_  
**Department Chair Signature**                      **Date**

**PLEASE RETURN EMPLOYMENT REQUISITION VIA EMAIL OR TO THE FINANCIAL AID OFFICE (A034)**