



To whom it may concern:

Last Name	First Name	CN ID#
------------------	-------------------	---------------

Phone: _____ **Email:** _____

Student Type: Graduate

The above named student has been offered on-campus employment.

Start Date of Employment: _____
MM/DD/YY

Employment Type: Student Work Study (Must be approved by **application** through the Office of Financial Assistance at C-N)
 Part-time Student Worker (A position paid with funds not from the Office of Financial Assistance at C-N)

Department of work study/on campus employer:

Title of Student Position:

Job Description: (e.g., cashier, research assistant, library aide, etc.):

Signature: On Campus Employer

Campus Employer Phone #

Typed or printed name: On Campus Employer

Today's Date: MM/DD/YY

***Student:** Please have On-Campus Employer complete this form. Please return this form along with an Enrollment Verification letter from the Registrar, to Dagmar Morgan, Enrollment Services Coordinator, PDSO, Fite Administration Building (Registrar's Office).