

UC Santa Cruz, Career Center

Student Corps Job Request Form

Job Title: _____

Unit Requesting: _____

Requested By: _____

Phone: _____ Fax: _____

Email: _____

Authorized Supervisor (print name here): _____

Supervisor signature: _____

(this signature will be matched with weekly timesheet)

Job Location: _____

Starting Date: _____ Ending Date: _____

Working Day(s) and Time(s) of the Day:

Job Duties (please type or print clearly & include special comments):

Total Est. # of Hours: _____ x # of Workers: _____ x \$11.00 = \$ _____ (estimate)

FOAPAL to be Recharged: _____

Authorization (signature and date here): _____

By signing this form, your unit pre-authorizes a recharge to the FOAPAL (listed above) for any actual hours worked for this job request. Actual hours worked are determined by each completed weekly timesheet signed and authorized by the supervisor (listed above). Your unit will receive a copy of the recharge after it has been sent to Accounting for processing.

FOR CAREER CENTER USE ONLY:

Job Number: _____ Date Entered: _____ Initials: _____

**PLEASE FAX THIS COMPLETED FORM TO 459-3860 &
MAIL ORIGINAL TO CAREER CENTER, 305 BAY TREE**