Human Resources Administrative Services Building, Suite 310 Campus Box 240 P.O. Box 173363

Denver, CO 80217

Phone: 303-352-3042 Fax: 303-556-6557

Website: www.CCD.edu/HR



## **Work-Study Job Information Form**

Employee S#	#: <u> </u>		☐ New	☐ Continuing	
Employee Na	ame (Last, First, Middle Initi	al):			
_		strative Services			
Department:		Title:	Title:		
Campus Add	ress w/ Campus Box #:				
Campus Phone #:		_ Campus Fax	Campus Fax #:		
Office Location	on:	_			
Timesheet A	pprover Name:				
Timesheet A	pprover S#:				
Timesheet O	rg:				
Pay Rate:		Award:	Award:		
Begin Date:		End Date:	End Date:		
Initiated By:		Org Owner N	Org Owner Name:		
Org Owner Signature:			Date:		
For internal	use only:				
Banner FOAF	o				
Position #:		Staff Initials	_ Staff Initials:		