

INTENT TO HIRE – OFF CAMPUS

Per Federal Regulations this form must be complete. Please leave nothing blank.

Date: _____

Student's Legal Name: _____

Willamette ID: _____

Job Title: _____

Job Purpose: _____

Job Qualifications: _____

Student's Duties and Responsibilities: _____

Organization Name: _____

Organization Address: _____

Supervisor: _____ Phone/Email: _____

Length of student's employment (beginning and ending dates): _____
Ending date cannot exceed May 9, 2017 unless student is approved for Summer Work Study

Average number of hours student will be employed per week: _____

Hourly Wage: _____

PERSON(S) AUTHORIZED TO SIGN TIME SHEETS

Print Name

Signature

Print Name

Signature

**Please return this form to the Office of Financial Aid, 900 State Street, Salem, OR 97301,
or finaid@willamette.edu.**

**STUDENT CANNOT BEGIN WORKING UNTIL WE HAVE CONFIRMED RECEIPT
OF THIS FORM.**