

INTERNAL NFS Student Worker Request Form

****Approval of this student worker dependent on available funding****

Date of Request: _____ Request Point of Contact: _____

Proposed Position Supervisor: _____

Proposed Work Location (City, building): _____

Proposed Start Date: _____ Proposed End Date: _____ Proposed Hours Per Week: _____

Statement of Position Need:

Description of Duties and Responsibility (% breakdown of time between each):

Will overnight travel be required? No ☐ Yes ☐, estimated how many nights per month _____

Accommodations Required (select all that apply)

Vehicle: Full-time ☐ Part-time ☐

Equipment: Computer ☐ Phone ☐

Specialized tools ☐ Please describe and provide costs: _____

Other ☐ Please describe and provide costs: _____

COMPLETED FORMS ARE DUE TO YOUR BUREAU CHIEF/DEPUTY DIRECTOR AT LEAST 90 DAYS PRIOR TO THE PROPOSED START DATE TO GUARANTEE CONSIDERATION (SOME EXCEPTIONS MAY APPLY)