

2024-2025

_____ Student's Name	_____ myWSU ID Number	New	Returning
_____ Department Name	_____ Location or Address Where Work will be Performed		
_____ Position Title	_____ Organization Number	_____ Position Number	
_____ Type of Work	_____ Hourly Wage	_____ Hours Per Week	
_____ Period of Enrollment (Check all that apply)	Fall 2024	Spring 2025	

purpose/role:

Required position qualifications:

If various levels/rates of pay are associated with the position, please identify the procedures for determining a student's

the student's supervisor for this position: