

**UTK Student Assistant Employment Position Request**  
**2015-2016**

Please send one form for **each** position requested. You may duplicate this form.

**Date of Request:** \_\_\_\_\_

**Requester Name:** \_\_\_\_\_

**FS Department: Location** \_\_\_\_\_

**(Building On-Campus):** \_\_\_\_\_ **Mail Stop:** \_\_\_\_\_

**Contact Person (or persons if applicable):**

(1) \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

(2) \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Student Position Number and Title:** \_\_\_\_\_

**Job Description:**

**GENERAL QUALIFICATIONS/SKILLS:**  No skill needed/will train  Low skill/no specialization  
 Medium Skill  High Skill/Clearly Specialized  Extremely High Skilled/Highly Specialized

**Required Skills/Qualifications:**

**Number of Hours per Week:** \_\_\_\_\_

(Not to exceed 20 hours per week while classes are in session; 40 hours per week during school breaks)

**Location where duties will be performed:** \_\_\_\_\_

**Days/Times (if known):** \_\_\_\_\_

**Length of Student's Employment:**  Fall  Fall/Spring  Spring  Fall/Spring/Summer  Summer

**Documents Requested (Check all that apply):** \_\_\_ Cover Letter \_\_\_ Resume \_\_\_ Other \_\_\_\_\_

\*\*\*Please note positions will only be posted for 60 days\*\*\*\*

**Return form to:** Arlene Williams, Room 103 FSOB **Or Send to:** Williams@UTK.EDU

Office Use Only	
<b>Date Received:</b> _____	<b>Date Posted:</b> _____
<b>60 day Expiration:</b> _____	<b>Posting Number:</b> _____