

Work Education Request

To be filled out by departments requesting to have Work Ed student.

Department _____ Date _____

Department Head _____ Acting Supervisor _____

Person working directly with student and signing time logs

To be completed by **Department Head or Acting Supervisor**

Requesting **# of students** _____ How many **total hours per week** can you guarantee work for this number of students? _____

Level of Supervision (1-5 scale with 5 as total supervision) 1 2 3 4 5

Job Description _____

Basic qualifications needed _____

Learning Objectives for this WKED assignment _____

Names of specific student/s you would like to request (We **cannot guaranty** that these students will be placed in your department.)

Department Head Signature _____ Date _____

Comments: _____

To be completed by **Work Education Department**

Action/Decision _____
