Farmingdale State College

ON CAMPUS EMPLOYMENT

_____
Date

Student's Name:_____

RAM ID: _____

On-campus employment department:_____

To be completed by the Employer:

Title of Position:_____

Responsibilities:_____

Hours per Week:_____

Salary/Pay:_____

Start and End Date:_____

Employer Telephone Number:_____

_____
Supervisor's Name and Title   -

_____
Supervisor's Signature

Return completed form to:

Office of International Education and Programs
SINNOTJ@farmingdale.edu