



# UC DAVIS

## SCHOOL of LAW

### 2009-2010 ACADEMIC YEAR LAW WORK-STUDY REQUEST FORM

**Application Deadline: Submit two weeks before employment start date**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ UC ID#: \_\_\_\_\_

Local Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment Period is August 24, 2009 to May 14, 2010  
Maximum Academic Year Work-study Award is \$1,800**

#### **My expected academic year income will be:**

Hourly Pay Rate: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_

Total # of hours you plan to work each week: \_\_\_\_\_

**Employer must have a valid work-study contract on file before you begin employment or work-study will not be paid. Contact Work-study Coordinator Ami Tripp at 530.752.0117.**

#### **I will be employed by:**

\_\_\_\_\_  
Name of Employer / Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Supervisor/Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

For Financial Aid Office use only:	
2009-2010 Work-study Total	\$ _____
Processed by: _____	Date copy sent to SEC: _____