

# 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** \_\_\_\_\_  
\_\_\_\_\_