



Office of Financial Aid

(845) 848-7831

STUDENT ID#

20 ____ / 20 ____ RETURNING WORK STUDY STUDENTS

APPLICATION FOR CAMPUS EMPLOYMENT

(Please Print)				
Name:			Social Sec	urity #
First	Last			
Address:				e # ()
Number and Street				area code number
Apt #			•) rea code number
City:	State:	Zip:		
YEAR IN SCHOOL:	FRESHMAN	SOPHMORE	JUNIOR	SENIOR
MAJOR:				
Check One:	Dorm (location)	Cor	nmuter	
REQUEST TO RETUR	N TO LAST YEAR	's JOB (circle one) YES	or NO
JOB LOCATION - LA	AST YEAR:	 	 	
SUPERVISOR - LAST	「 YEAR:			
If you do not choose	to return to last y	ear's job, ex	plain why and po	st another location
Why not returning?				

Complete and return the following documents to the Office of Financial Aid:

Application for Campus Employment (Returning Student)

New Location Request (post two)

W-4 Tax (employee's withholding Allowance Certificate)