

## INTENT TO HIRE

**Per Federal Regulations this form must be complete. Please leave nothing blank.**

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

Student's Legal Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Purpose: \_\_\_\_\_

Job Qualifications: \_\_\_\_\_

Student's Duties and Responsibilities: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Length of student's employment (beginning and ending dates): \_\_\_\_\_

**Ending date cannot exceed May 7, 2008 unless student is approved for Summer Work Study**

Average number of hours student will be employed per week: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

### PERSON(S) AUTHORIZED TO SIGN TIME SHEETS

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Please return this form to the Office of Financial Aid, 900 State Street, Salem, OR 97301,  
or fax to 503-370-6588.**

**STUDENT CANNOT BEGIN WORKING UNTIL WE HAVE CONFIRMED BY PHONE  
RECEIPT OF THIS FORM.**