



Facilities Planning & Management

UNIVERSITY OF WISCONSIN-MADISON

# STUDENT HIRE REQUEST FORM

ONCE COMPLETE, RETURN TO FP&M HUMAN RESOURCES – 30 N MILLS ST SUITE 362

**SUPERVISOR COMPLETES THIS SECTION**

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

Requested Start Date: \_\_\_\_\_ Expected End Date: \_\_\_\_\_

Dept. ID: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Working Title: \_\_\_\_\_

Will student need to drive?  Yes  No

Position of Trust?  Yes  No

# positions requested: \_\_\_\_\_ Funding Info: \_\_\_\_\_  
Fund Program Department ID

Other Relevant Information (e.g. request for advertising assistance)

Hiring Supervisor Name: \_\_\_\_\_

Hiring Supervisor's Manager/Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Hiring Supervisor Signature Date

\_\_\_\_\_  
Hiring Supervisor's Manager/Supervisor Signature Date