



Roseman University of Health Sciences Job Request Form

Name of Unit/Org.: _____

Address: _____

Contact Person: _____

Phone #: _____

Email: _____

Supervisor for Timecards: _____

Job Title: _____

Requested Hourly Pay Rate: _____

Work Schedule (days & time): _____

Start date: _____

Additional Work Schedule Information: _____

I. **Qualifications:** What type of student are you requesting? Dental MBS/MSPS Nursing Pharmacy

II. **Job Duties:**

III. **Additional Information/Physical Requirements:**

Employer Signature: _____

Date: _____