Butte-Glenn Community College District

INTENT TO HIRE

Yes! I would like to hire this student!

Handshake #:_____

Start Date: _____

Student Name: _____ Butte ID: _____

Department: _____ Department Code: _____

Number of hours per week: _____ for the _____ Fall ____ Spring semesters.

Supervisor Name: _____ Phone: _____

*****Return the completed form to the Career Center (SAS 258) or email waltersan@butte.edu.**

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