

Date Completed: _____ By: _____
Supervisors, please sign here



Federal Work Study Job Description/Request

Campus/Center: _____ Dept. & Room #: _____

Supervisor: _____ Supervisor phone #: _____

Supervisor Email: _____

Alternate contact (name and phone #): _____

(This person will sign time sheets if the supervisor is away.)

Job Duties:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Preferred Qualifications: (Specific courses completed? Specific major? Skills?)

- _____
- _____
- _____
- _____

Hours and days needed: _____ Semester: _____

Other requirements? _____

Supervisors, please keep a copy of this form and review these job duties with your FWS student once they have been hired. You may also give them a copy.

Please return completed form to Loretta Johnson via fax at 606-864-3875.