

Federal Work Study Job Description Form

Departments hiring Federal Work Study students must complete this job description form for each student and position.

Student:	SCSU ID:
Award Year:	Job Title:
Location: On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/>	
Division/Organization Name:	
Division/Organization Phone Number:	
Division/Organization Address:	
Supervisor's Name:	
Supervisor's Email Address:	

Job Description: (Brief & Specific)

Preferred Qualifications:

Education/Career Related Benefits:

Start Date	Hours/ week	Full Year?	Fall Semester?	Spring Semester?	Summer?

Authorized Supervisor's Signature: _____

Date: _____

RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS