FEDERAL WORK STUDY PROGRAM

JOB DESCRIPTION

Full Agency Name: _______________________________________________________
Supervisor: _______________________________________________________
Phone: _____________________ Email: _____________________

Business Address: ____________________________________

Position Title: ___________________________________________
Purpose of the Position: _______________________________
Provide a description of the work to be performed: __________________________________________________________

Minimum Qualifications: ____________________________________________________

Term of Appointment: _____________________ to _____________________
Schedule Preference: _____________________
Hourly Rate: _____________________ Average Work Hours per week: _____________________
Number of student(s) needed: _____________________