



OFFICE OF FINANCIAL AID
 120 East 149th Street, Savoy Building
 RM B-115 Bronx, NY 10451
 (718) 518-6555, Fax: (718)-518-4430

**Federal Work-Study Program
 Student Employee Request and Job Description Form
 On-Campus - 2020-2021**

Division: _____

Department Name & Code: _____

Address: _____ **Building & Room #** _____

Primary Supervisor Name: _____ **Extension #:** _____

Primary Supervisor Signature: _____

Alternate Supervisor Name: _____ **Extension #:** _____

Alternate Supervisor Signature: _____

Job Title: _____ **Number of Positions:** _____

On-Campus Job description (please complete a new form for each job title):

Skills Required:

Desired Schedule for position:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Weekends (Yes / No)

If yes, please specify:
