**OFFICE USE ONLY**

□ Reserve Funds _____
□ Undergrad Div _____
□ Grad Division _____

**Federal Work Study Placement Sheet**

NAME: _____ ____ EMPLID #: __ __ __ __ __ __ __ __
Last First MI
S.S. # _____ EMAIL: _____

ADDRESS: _____ TEL. # _____

_____
City State Zip Code

FWS AWARD _____ REVISED AWARD _____

SPECIAL SKILLS _____

Hours (Days and Evenings) available for Work-Study Employment

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| | | | | | | |

**JOB REFERRALS**

Date _____

1. Name of Agency/Dept/Office _____
Job Location _____
FWS Supervisor _____
Telephone No. _____ Rate $ _____/HR

Date _____

2. Name of Agency/Dept/Office _____
Job Location _____
FWS Supervisor _____
Telephone No. _____ Rate $ _____/HR

Date _____

3. Name of Agency/Dept/Office _____
Job Location _____
FWS Supervisor _____
Telephone No. _____ Rate $ _____/HR