

OFFICE USE ONLY

- ☐ Reserve Funds _____
☐ Grad Division _____
☐ Undergrad Division _____
☐ Direct Deposit _____
☐ W-2 E-Consent _____

Federal Work Study Placement Sheet

NAME _____ EMPL ID _____

Last

First

MI

TEL. # _____ EMAIL _____

ADDRESS _____

City

State

Zip Code

FWS AWARD _____ / _____
Fall SpringREVISED AWARD _____ / _____
Fall Spring

SPECIAL SKILLS _____

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

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

--	--	--	--	--	--	--

JOB REFERRALS (Office use only)

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