FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM
Spring 2017

Job Title: ____________________________________________________________

Department Name: ____________________________________________________

Address: ___________________________________________________________

Post Job on IES? Yes □ No □ Does this position have Supervisory responsibilities? Yes □ No □

Required Education: ____________________________________________________

Required Related Experience: ____________________________________________

Preferred Education/Experience: _________________________________________

Physical Requirements: ________________________________________________

Shift/Hours: ___________________________________________________________

Job Summary: ____________________________________________________________________________________________

Skills/Knowledge/Abilities: ______________________________________________

Preferred Major(s): _____________________________________________________

Primary Contact Name: ____________________________________________ Primary Contact’s Phone: __________

Immediate Supervisor’s Name: ____________________________ Supervisor’s Phone: ______________________

Job Open Date: ____________________________ Deadline to Apply: _________________

Driving Responsibilities: Yes □ No □ Supervisor’s Backup: ________________________

Require Resume? Yes □ No □ Require Cover Letter? Yes □ No □

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COLLEGE/DEPARTMENT MATCHING REQUIREMENT (17%)

UK Colleges or Departments are required to pay seventeen percent (17%) of the gross wages paid out to their Federal Work-Study student(s). This amount will automatically be charged to the college or departmental cost center provided below. Charges will be posted according to the bi-weekly payroll schedule.

Note: WBS elements may not be used.

17 % Cost Center: ________________________ Background Check CC: ______________________

5-Digit Department #: ______________________

Person to Receive 17% Charge Detail Information: _________________________________

Email address: __________________________________________________________

Signature: ___________________________________________________________________

Printed Name: ___________________________________________________________________

Return completed form to SFA-FWSO, 128-C Funkhouser Bldg., 40506-0054; or fax to 859-257-4398 or email to Felecia.proctor@uky.edu