FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM
FALL 2019

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 FWS@uky.edu