FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM
Fall 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