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 □

*****************************************************************************

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