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