FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM
Summer 2018

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 fpr222@uky.edu