Job Title: ________________________________________________________________________________

Organization 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: ___________________

Immediate Supervisor’s Email: ___________________  Deadline to Apply: ________________

Job Open Date: _____________________________  Supervisor’s Backup: ___________________

Driving Responsibilities: Yes □  No □  Supervisor’s Backup: __________________

Require Resume?  Yes □  No □  Require Cover Letter?  Yes □  No □

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Off-campus organizations are required to contribute twenty-five per cent (25%) of the wages paid to students who work for them under the Federal Work-Study Program. Organizations will be billed quarterly for the 25% match plus FICA and the cost of national criminal background checks on all new hires.

Person to Receive Billing Invoice: _____________________________________________

Email address: _______________________________________________________

Signature: ________________________________________________________________

Printed Name: _____________________________________________________________

Return this form to:
Student Financial Aid
Attn.: Rhonda Bryant, Federal Work-Study Office
128 Funkhouser Building -40506-0054
Phone: 859-218-2078  Fax: 859-257-4398  rbryant@uky.edu or fpr222@uky.edu