FEDERAL WORK-STUDY – Off-Campus Employer
JOB LISTING/PAYROLL AUTHORIZATION FORM
Spring 2018

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: __________________________  Deadline to Apply: ________________

Driving Responsibilities: Yes ☐  No ☐  Supervisor’s Backup: __________________________

Require Resume?  Yes ☐  No ☐  Require Cover Letter?  Yes ☐  No ☐

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

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