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 derek.goode@uky.edu