FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM
Spring 2020

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 FWS@uky.edu