FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM
Spring 2021

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