

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

FEDERAL WORK STUDY/COMMUNITY SERVICE DEPARTMENTAL REQUEST FORM

ACADEMIC YEAR PROGRAM JULY 1, 2011 – JUNE 30, 2012

DEPARTMENT _____

LOCATION (Bldg/Room #) _____

SUPERVISOR _____ Ext. _____

DEPARTMENT CHAIRPERSON _____

TITLE OF POSITION _____

STUDENTS REQUESTED _____ HOURS PER WEEK _____

JOB DESCRIPTION _____

SPECIAL SKILLS REQUIRED _____

UNUSUAL CONDITIONS (evenings, weekends, etc.) _____

COMMUNITY SERVICE POSITION (Yes) ____ (No) ____

This form covers only one job description. If your department will be employing students for more than one type of job, you must complete a separate form for each job description. When a student leaves the Federal Work-Study job, immediately notify the Financial Aid Office in writing to secure a replacement.

All FWS students are classified as temporary; they are paid on an hourly basis only.

Signature of Department Chairperson Date

Signature of Supervisor Date

(Please Return to the Appropriate FWS Coordinator)

Newark Campus
Cynthia Hamlett-Robinson
Student Financial Aid Office
ADMC 1208
P.O. Box 1709
Newark, NJ 07107-1706
973-972-4376
973-972-7436(FAX)

Piscataway/Stratford Campus
Marianna Evanouskas
Student Financial Aid Office
675 Hoes Lane, C-103
Piscataway, NJ 08834
732-235-4689
732-235-3264 (FAX)