

**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY**

**FEDERAL WORK STUDY/COMMUNITY SERVICE DEPARTMENTAL REQUEST FORM**

**ACADEMIC YEAR PROGRAM JULY 1, 2009 – JUNE 30, 2010**

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