Federal Work-Study (FWS) Job Description

The FWS program is intended to provide a meaningful job experience, with direct supervision, that complements and reinforces the recipient’s educational program and/or career goals. The FWS program is not intended to be a free labor program. While wages are paid by Federal Work Study funds, you will invest time training and mentoring participants and meeting minimal procedural requirements such as timesheets. All FWS procedures are explained at www.oneonta.edu/development/finaid/student%20guide%20fws.asp.

FWS assignments are made based on quality of the potential work experience as described below, and in accordance with Federal Work Study regulatory requirements.

Department Name: ________________________________________________________________

Address: ________________________________________________________________

Direct Supervisor Name: ________________________________________________________

Phone Number: _____________ Fax: _____________ Email: ____________________________

Location where student will perform duties: __________________________

Describe supervision provided: ____________________________________________________

______________________________________________________________________________

Hours of Operation or other limitations: _______________________________________________________________________

Dates of Operation or other limitations: _______________________________________________________________________

Student Job Title:________________________ Maximum Number of Students you can accommodate in Position:_____

*Hours per Week(Limitations):________________________ **Suggested Rate of Pay:________________________

Job Qualifications:__________________________________________________________________________________________

__________________________________________________________________________________________

Student’s Duties and Responsibilities:__________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Addtional Comments: ________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Signature ___________________________ Date ___________________________

Print Name __________________________ Title ___________________________

For Office Use Only:________________________

Placement (RJAPLBD):________________________

Travel Time/Shift________________________

Position Validation (RJRJOBT RJRJREQ) __________

Placement Position (RJRPLRL) Class (CS or ST)________________________

Org Code (AD GOV NP OSD PE RL SS) (1-OFF, G-ON)

220B, 410 (Math), 420(Read)

* A typical FWS award allows each recipient about 7 hours per week.

** If suggesting above minimum wage please provide justification in Additional Comments. Final determination made by Financial Aid Director. Feel free to duplicate this form. If you have any questions regarding this process, please call Career Development Center (607) 436-2534.

Rev(9_22)