The City University of New York
FEDERAL WORK STUDY JOB DESCRIPTION FORM

40% Contract

(CHECK ONLY ONE)

Summer 2019 Only

Academic Year 2019-2020 Only

Summer 2019 & Academic Year 2019-2020

Agency Name

Agency Address

Borough & Zip Code

Date Submitted

No.

Other person(s) (at your agency) who will be familiar with the FWS Program

FOR CENTRAL OFFICE USE ONLY

CUNYFirst Job Codes: 999

CUNYFirst Agency/Vendor Codes

0000000

Central Office Use Only Pay Rate: $15.00

Each job description is designed to provide specific information on one type or category of position available for FWS student referrals. An employer having more than one type of position available is requested to submit individual forms for each job category.

Title (or category) of Position:

Date position begins:

Date position terminates:

Number of such jobs available:

Hours of work available per week:

Minimum Maximum

Job Description:

Work is available during the following hours:

(Is between 9:00-5:00)

Are special skills necessary? Yes No

If yes, please indicate:

Indicate public transportation to company:

Print name

Supervisor’s signature

Date