**FEDERAL WORK STUDY JOB DESCRIPTION FORM**

**College/University**
The City University of New York

**FOR CENTRAL OFFICE USE ONLY**
CUNYFirst Job Codes: 999
CUNYFirst Agency/Vendor Codes: 000000

(CHECK ONLY ONE)
- Summer 2018 Only
- Academic Year 2018/2019 Only
- Summer 2018 & Academic Year 2018-2019

Company Name: ________________________________
Company Address: ________________________________
Borough & Zip Code: ________________________________
Date Submitted: ________________________________
Other person(s) (at your agency) who will be familiar with the FWS
Program
Supervisor: ________________________________  E-Mail: ________________________________

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: ________________________________
Number of such jobs available: ________________________________  Date position terminates: ________________________________
Job Description: ________________________________

Hours of work available per week:
Minimum __________ Maximum __________

Work is available during the following hours:
(Between 9:00-5:00)
...
...
...
Are special skills necessary? Yes____ No____
If yes, please indicate: ________________________________

Central Office Use Only Pay Rate: $13.00