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

(CHECK ONLY ONE)

Summer 2019 Only Academic

Year 2019/2020 Only

Summer 2019 & Academic Year 2019-2020

Company Name: __________________________________________

Company Address: _________________________________________

Borough & Zip Code: _________________________________________

Date Submitted____________________________________________

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

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__________________________________________

Is work available on weekends: Yes____ No____

Is work available on evenings: Yes____ No____

If yes, please specify________________________________________

Indicate public transportation to company:
___________________________________________________________

Print name_________________________________________________
Supervisor's signature________________________________________

Central Office Use Only Pay Rate: $15.00