

# Federal Work Study Student Job Descriptions

Please fill out this form completely and attach to your Federal Work Study student's  
Payroll Authorization form.

**Student Name:** \_\_\_\_\_

**Department or Organization Name:** \_\_\_\_\_

**Dept Number (if applicable):** \_\_\_\_\_

**Wage Rate:** \_\_\_\_\_ **Starting Date:** \_\_\_\_\_

**Student's Position Title (or Purpose of Job):** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Payroll Clerk Name:** \_\_\_\_\_

**Address/Building:** \_\_\_\_\_

**Duties:**

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**Responsibilities:**

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**Qualifications and Skills:**

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