

# STUDENT FINANCIAL AID

## FEDERAL WORK-STUDY (FWS) POSITION REQUEST AUGUST 2016 – MAY 2017

Department Code # \_\_\_\_\_ Department Name \_\_\_\_\_

Payroll Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

FAX # \_\_\_\_\_

### JOB INFORMATION:

Job Title \_\_\_\_\_ Job type \_\_\_\_\_

Wage rate per hour \_\_\_\_\_

Number of FWS Students Requested for this Position \_\_\_\_\_

**Job Description:** *(Please include description, duties and responsibilities and any specific qualifications or requirements (major, yr in college, on-off campus, hrs of operation, etc.)*

---

---

---

---

---

---

---

---

If you have any additional questions, please contact Debra Vassey, FWS Manager, at 864-656-9034 or email at [dvassey@clemsun.edu](mailto:dvassey@clemsun.edu).

\_\_\_\_\_  
Dean or Director Signature (Required) Date \_\_\_\_\_