

FEDERAL WORK-STUDY REQUEST FOR ACADEMIC YEAR 2022-2023

Department _____ 2-Digit Account Number _____

Work Study Supervisor's Name _____ Phone _____

Division _____ Location _____

Supervisor's Email Address _____

Academic Period (AP)	Average # of Weeks Per Period	Total Number of Departmental Hours of Coverage Needed Per Week	Requested FWS Allocation Per AP
Fall	x	[]	x = \$
Spring	x	[]	x = \$

Total Allocation Requested by the Work Study supervisor: \$ _____

(The Work Study supervisor, department head, or Dean, whichever is applicable, is to list the amount that he/she is requesting for his/her department.)

*To calculate your requested allocation please use the formula below:

(Rate of pay \$13.20 x (hours of coverage per week) x (number of weeks) = Requested Allocation per academic period. Then total up both of the periods and that is your total requested allocation for Fall 2022 - Spring 2023.

Please note that due to limited funding levels, requested allocations and approved allocations may differ. Also, some of your students may earn more than \$13.20 an hour so take that into account when calculating your request.

Signature of Work Study supervisor, department head, or Dean: _____

Total Allocation **Approved** by Work Study Committee Representative: \$ _____

(Approval is to be signed by the Work Study Committee Division Representative)

Signature of approval by FWS Committee Member: _____

WORK-STUDY JOB LISTING

Department _____ 2-Digit Account Number _____

Location _____ Phone Number _____

Hours of Operation _____

Rate of Pay _____

Supervisor's Name(s) _____

Supervisor's Email Address (es) _____

Job Description

Skills or Experience Required _____

Educational benefits to be derived from the experience _____
