



LESLEY UNIVERSITY FINANCIAL AID
 Student Employment / Off-Campus Community
 Service Job Description Form

PLEASE COMPLETE AND RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID

AGENCY: _____

ADDRESS: _____

BUDGET UNIT HEAD:

 NAME SIGNATURE DATE

SUPERVISOR: (Person authorized to sign timecards. **ONLY ONE** supervisor please.)

 NAME SIGNATURE DATE

 EMAIL ADDRESS PHONE

OTHER CONTACT PERSONS: (Persons authorized to sign timecards in the absence of the supervisor.)

 NAME SIGNATURE PHONE

 NAME SIGNATURE PHONE

THIS POSITION IS AVAILABLE FOR STUDENTS EMPLOYED THROUGH THE FOLLOWING:

FEDERAL WORK STUDY (AGENCY PAYS 25% OF THE STUDENTS EARNINGS)

JOB TITLE: _____

NUMBER OF POSITIONS TO BE FILLED: _____

APPROXIMATE HOURS PER WEEK: _____

JOB PURPOSE: (How does this job complement/enhance the student's career/educational plans?)

DUTIES/RESPONSIBILITIES:

SKILLS/QUALIFICATIONS:

YES, I WOULD LIKE THIS JOB POSTED FOR THE UPCOMING ACADEMIC YEAR

PLEASE KEEP THIS JOB ON RECORD BUT DO NOT POST (I already have students lined up)

FINANCIAL AID USE ONLY: A B C D O: _____