UTMB The University of Texas Medical Branch

FEDERAL WORK-STUDY (FWS)
DEPARTMENTAL JOB REQUEST FORM
FISCAL YEAR 2009-2010

Home Department Name _____

Home Department Org ID # _____

PSoft Department # (6 digits) _____

Location _____ Route # _____

City _____ Zip Code _____

FWS Supervisor's Name (please print) _____

FWS Supervisor's Employee # _____ FWS Supervisor's Phone # _____

FWS Supervisor's Pager # _____ FWS Supervisor's Cell # _____

FWS Supervisor's UTMB E-mail Address_____

FWS HCM Department Contact (please print) _____

FWS HCM Department Contact Phone # _____

JOB DUTIES

Please provide a detailed job description to include the level of difficulty of the position. Please also include specific requirements for each category such as general office, lab skills, research, assays, instruction, technical skills, etc.

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FWS Supervisor's Signature_____ Date_____

ENROLLMENT SERVICES' OFFICE USE ONLY:

Job Request # _____ Community Service ____ Level _____ Base Pay Hourly Rate $ _____

Admin Support Associate _____ Date _____

Revised: 7/23/09