UTMB The University of Texas Medical Branch

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

Home Department Name School of Health Professions Physical Therapy Dept

Home Department Org ID # 130229

PSoft Department # (6 digits) 132100

Location 12th & Mechanic Route # 1144

City Galveston Zip Code 77555-1144

FWS Supervisor's Name (please print) Sharon Jensen

FWS Supervisor's Employee # 39547 FWS Supervisor's Phone # 23070

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

FWS Supervisor's UTMB E-mail Address sjensen@utmb.edu

FWS HCM Department Contact (please print) Sharon Jensen

FWS HCM Department Contact Phone # 23070

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.

Lab duties – fold towels, sheets and other laundry used in labs. Clean classrooms as necessary.

FWS Supervisor's Signature Sharon Jensen Date 8/5/09

ENROLLMENT SERVICES' OFFICE USE ONLY:

Job Request # _____ **Community Service** N **Level** 1 **Base Pay Hourly Rate $** 8.92

Admin Support Associate LC Date 08/05/09

Revised: 7/23/09

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ENROLLMENT SERVICES
U.T.M.B. GALVESTON