

UNIVERSITY OF MARYLAND
SUMMER 2024/FALL 2024/SPRING 2025
FEDERAL WORK-STUDY SUPERVISOR'S STUDENT REQUEST

(Supervisor's On-line Orientation and Supervisor Acknowledgement Checklist must also be completed) <http://www.umaryland.edu/workstudy>

TO PARTICIPATE IN THE FWS PROGRAM THERE MUST BE A SUPERVISOR AND AN ALTERNATE SUPERVISOR

Please attach a job description for this FWS position.

Could this work-site be considered as Community Service? Yes _____ No _____

UMB Department _____
(Full Name of Department)

Off-Campus Agency _____
(Full Name of Agency- For Off-Campus Positions Only)

Address _____

Telephone _____ Fax No. _____

Work Study Supervisor's Full Name _____

Work Study Supervisor's Title _____

E-mail Address _____

Alternate Supervisor's Full Name _____

Alternate Supervisor's Title _____

E-mail Address _____

Job Title _____

Job Function: ___ Technical ___ Administrative ___ Research Lab ___ Research Clinical ___ Tutor ___ Program Admin.

Completion of this request form does not guarantee the department/agency will have a Federal Work-Study student employee. The person who signs this form must also sign the student's Job Certification Form and approve the biweekly payroll timesheets. If a student exceeds their maximum FWS award, the supervisor's department is responsible for paying 100 percent of the over award.

Return completed form to:

E-Mail: FWS@umaryland.edu

Phone: 410-706-7347

*Office of Student Employment; University Of Maryland, Baltimore; 601 W. Lombard St, Suite 221;
Baltimore, MD 21201*