



**Federal Work Study (FWS)  
Job Description Form**

Organization: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Position Title: \_\_\_\_\_ Number of Positions: \_\_\_\_\_

Number of Hours Per Week Requested: \_\_\_\_\_

**Purpose**

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**General Duties**

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**Qualifications**

- Berkeley FWS Eligible only

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**Description of the manner in which the student will be supervised**

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