

**Financial Aid Office**

1105 Kelly Drive, Sanford, NC 27330

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2017-2018 Federal Work Study

Position Description/Request Form

**STEP 1: Supervisor Information**

|  |  |
| --- | --- |
| Name: Click here to enter text. | Phone Number: Click here to enter text. |
| Department or Organization (off campus): Click here to enter text. | |
| Address: Click here to enter text. | E-Mail Address: Click here to enter text. |

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**STEP 2: Position Information**

Position Title: Click here to enter text.

Number of Positions Requested (2 max): 1  2

Preferred Program: Choose an item.

Position Requirements:

|  |
| --- |
| Click here to enter text. |

Duties:

|  |
| --- |
| Click here to enter text. |

Required Skills:

|  |
| --- |
| Click here to enter text. |

**STEP 3**: **Supplemental Information**

Does this position replace a full-time employee?  Yes  No

Will this position displace an employee? Yes  No

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**STEP 4**: **Please answer the following questions:**

Why is this position crucial for your department?

|  |
| --- |
| Click here to enter text. |

How would this position benefit the student’s educational goals?

|  |
| --- |
| Click here to enter text. |

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** March 8, 2017

*(Please provide handwritten signature)*

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*For Office Use Only:*

Position Approved: Yes No Number of Positions Approved: 1 2

FA Work Study Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_