



**Holy Family University
Federal Work-Study
Position Description Form**

Department: _____ **Campus Phone #:** _____

Department Location (name of building and room number): _____

Supervisor Name: _____ **EMAIL:** _____

Number of students to be employed under this position description: _____

Check ALL that apply: _____ **Day time hours** _____ **Evening hours** _____ **Weekend hours**
_____ **Fall semester** _____ **Spring semester** _____ **Summer I** _____ **Summer II**

Approximate number of hours per week: _____

Primary duties and responsibilities (be specific): _____

Qualifications Needed: _____

Supervisor Signature: _____ **Date:** _____

Please save a copy of this completed form for your records.

Please EMAIL a copy of the complete form to the Financial Aid Office at work-study@holyfamily.edu