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