

**FEDERAL WORK-STUDY
JOB LISTING/PAYROLL AUTHORIZATION FORM**

Fall 20__/Spring 20__/Summer 20__
Indicate year of all applicable terms

Department Name: _____

Supervisor/Contact Person(s): _____

Address: _____ **Speed Sort:** _____

Telephone Number: _____ **E-Mail:** _____

Office Hours: _____

Preferred number of hours needed to work: _____

Will there be any work during evenings? _____ **Weekends?** _____

If so, what hours? _____ **Number of positions available:** _____

List your position on the University's OES (On-line Employment System)? ___ YES ___ No

Position Title: _____

Job Description: (Be Specific): _____

Preferred Major(s): _____

Special Skills Required: _____

Comments: _____

COLLEGE / DEPARTMENT MATCHING REQUIREMENT (17%)

UK Colleges or Departments are required to pay seventeen percent (17%) of the gross wages paid out to their Federal Work-Study student(s). This amount will automatically be charged to the Colleges or Departments SAP account.. Please provide us with a SAP cost center and we will charge this account for the **17% departmental match** after each bi-weekly payroll.

Note: WBS elements may not be used.

College/Department Name: _____

Cost Center: _____ **Background Check CC:** _____

Department Number: _____

Authorized Signature: _____ **Print Name:** _____

***Your signature gives FWS the authorization to initialize a Background Check as needed for any students designated as new hires by Human Resources. HR will charge your department for the cost of the Background Check.

Return this form to: Federal Work-Study Office, 128 Funkhouser Building - 0054

This form can also be completed on the Web at

[www.uky.edu/eForms/forms/FWS Job Listing Authorization Form.pdf](http://www.uky.edu/eForms/forms/FWS_Job_Listing_Authorization_Form.pdf) and then printed out and faxed to 257-4398 or forwarded by e-mail to Karen Czarnecki at kcz222@uky.edu
