

**HOLY FAMILY UNIVERSITY  
FEDERAL WORK-STUDY  
POSITION DESCRIPTION FORM**

*PLEASE PRINT*

Department: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

Department Location (name of building and room number): \_\_\_\_\_

Supervisor Name:

\_\_\_\_\_

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 make a copy of this completed form for your records.)

Please return the completed form to the Financial Aid Office, Room 203 Holy Family Hall.