

UNIVERSITY OF MARYLAND
SUMMER 2012/FALL 2012/SPRING 2013
FEDERAL WORK-STUDY STUDENT REQUEST
(Supervisor's On-line Orientation must completed) <http://www.umaryland.edu/fin/workstudy/index.html>

Could this work-site be considered as Community Service? Yes No

UMB Department Department of Periodontics
(Full Name of Department)

Off-Campus Agency _____
(Full Name of Agency)

Address 650 W. Baltimore Street, room 4209, Dept of Periodontics, Dental School, Baltimore, Md, 21201

Telephone (410) 706-7153 Fax No. (410) 706-7201

Work Study Supervisor's Name M. E. Aichelmann-Reidy

Work Study Supervisor's Title Assoc. Director, Post-grad Periodontics

E-mail Address mreidy@umaryland.edu

Alternate Supervisor's Name M. Reynolds

Alternate Supervisor's Title Dept Chair, Periodontics

E-mail Address mreynolds@umaryland.edu

Job Title Dental provider and patient educator

Duties providing direct patient care for the underserved residents of Baltimore City and instruction

regarding the impact of oral health on overall health and well-being.

Completion of this request form does not guarantee the department/agency that Federal Work Study students will actually be referred. The person who signs this form must also sign the Job Certification Form and the biweekly payroll time sheets. If a student exceeds their maximum WS award, the supervisor's department is responsible for paying 100 percent of the over award.