

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

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

UMB Department Endodontics, Prosthodontics and Operative Dentistry
(Full Name of Department)

Off-Campus Agency _____
(Full Name of Agency)

Address 650 West Baltimore Street, University of Maryland, School of Dentistry, Room 4228, Baltimore, MD 21201

Telephone (410) 706-7047 Fax No. (410) 706-1565

Work Study Supervisor's Name Dr. Carl Driscoll

Work Study Supervisor's Title Professor and Program Director

E-mail Address cdriscoll@umaryland.edu

Alternate Supervisor's Name Antoinette Fields

Alternate Supervisor's Title Program Administrative Specialist

E-mail Address asaunders@umaryland.edu

Job Title Dentist 10

Duties Provide direct patient care to residents of Maryland.

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.