

UNIVERSITY OF MARYLAND  
SUMMER 2023/FALL 2023/SPRING 2024  
FEDERAL WORK-STUDY SUPERVISOR'S STUDENT REQUEST

(Supervisor's On-line Orientation and Supervisor Acknowledgement Checklist must also be completed) <http://www.umaryland.edu/workstudy>

**TO PARTICIPATE IN THE FWS PROGRAM THERE MUST BE A SUPERVISOR AND AN ALTERNATE SUPERVISOR**

**Please attach a job description for this FWS position.**

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

UMB Department \_\_\_\_\_  
(Full Name of Department)

Off-Campus Agency \_\_\_\_\_  
(Full Name of Agency- For Off-Campus Positions Only)

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax No. \_\_\_\_\_

Work Study Supervisor's Full Name \_\_\_\_\_

Work Study Supervisor's Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Alternate Supervisor's Full Name \_\_\_\_\_

Alternate Supervisor's Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

Job Title \_\_\_\_\_

Job Function: \_\_\_ Technical \_\_\_ Administrative \_\_\_ Research Lab \_\_\_ Research Clinical \_\_\_ Tutor \_\_\_ Program Admin.

Completion of this request form does not guarantee the department/agency will have a Federal Work-Study student employee. The person who signs this form must also sign the student's Job Certification Form and approve the biweekly payroll timesheets. If a student exceeds their maximum FWS award, the supervisor's department is responsible for paying 100 percent of the over award.

*Return completed form to:*

E-Mail: [FWS@umaryland.edu](mailto:FWS@umaryland.edu)

Phone: 410-706-7347

**Office of Student Employment; University Of Maryland, Baltimore; 601 W. Lombard St, Suite 221;  
Baltimore, MD 21201**