

UNIVERSITY OF MARYLAND  
SUMMER 2025/FALL 2025/SPRING 2026  
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 University of Maryland School of Dentistry, Pediatric Dentistry Program  
(Full Name of Department)

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

Address 650 W Baltimore St, Baltimore, MD 21201

Telephone 410-706-7970 Fax No. 410-706-4031

Work Study Supervisor's Full Name Glenn Canares

Work Study Supervisor's Title Program Director

E-mail Address gcanares1@umaryland.edu

Alternate Supervisor's Full Name Erica Caffrey

Alternate Supervisor's Title Assistant Program Director

E-mail Address ecaffrey@umaryland.edu

Job Title Pediatric Dental Resident Patient Care Provider

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**

## Pediatric Dentistry Residents- Job description

Pediatric dental residents provide preventive, emergency, and comprehensive dental care to pediatric patients at, or below poverty level.

## Federal Work-Study Supervisor Acknowledgment Checklist

Supervisors must review, sign, and submit this Acknowledgement Checklist to our office prior to receiving approval for their submitted FWS position. Supervisors are encouraged to save this checklist to their desktop for quick reference.

- ☒ I acknowledge I have reviewed the FWS Supervisor Orientation for FWS policies.
- ☒ I acknowledge I will not allow students to start working prior to my job being approved.
- ☒ I acknowledge I will not allow students to begin working for my approved position prior to receiving a confirmed start date email from the Office of Student Employment confirming start date and rate of pay.
- ☒ I acknowledge I will not send student forms to the Office of Student Employment a student's behalf.
- ☒ I acknowledge I will not schedule the student to work more than 10 hours a day and no more than 20 hours per week total.
- ☒ I acknowledge I will not schedule or allow students to work when the university is closed due to observed holidays, or days the institution is closed due to inclement weather, under COVID unless following university guidance.
- ☒ I acknowledge I will review student submitted timesheets for accuracy on time each pay cycle.
- ☒ I acknowledge I will approve timesheets on time each pay cycle.
- ☒ I have confirmed with my alternate supervisor that they understand the role and responsibilities of being a FWS Supervisor as detailed in our signed FWS Orientation for Supervisors.
- ☒ I understand that the Office of Student Employment does not assign students to my position.
- ☒ I understand that once my position is approved and posted to the [approved job website](#), interested students will reach out to my office using the information provided on my approved and published Supervisor Request Form.

**I, the supervisor, acknowledge I have read the above and that our office will adhere to the FWS policies put in place for FWS Student Employment.**

☒ Erica Caffrey  
Print Supervisor Name

☒   
Supervisor signature

**For use of the Office of Student Employment:**

The Office of Student Employment acknowledges receipt of all submitted paperwork and summary of hiring supervisor responsibilities.

☒  
Print Name

☒  
signature



UNIVERSITY of MARYLAND

## 2025- 2026 FWS Confirmation Form

**Print Name of the Organization which reviews the Federal Work-Study Presentation**

Glenn Canares

Print Supervisor's Name

Erica Caffrey

Print Alternate Supervisor's Name

The federal government requires that all Federal Work-Study participants review the Federal Work-Study Policies and Procedures before actively participating in the Federal Work-Study Program.

I acknowledge that I have read all the information contained in the Federal Work-Study Program Policies and Procedures and understand the meaning and intent. I also certify that personal information is accurate and that I am the individual listed above.

I acknowledge that I will also be completing a Federal Work-Study Supervisor Acknowledgment Checklist that I must review, sign, and submit to the Office of Student Employment before I receive an approval for my submitted position.

Supervisor's Signature

6/17/2025

Date

Alternate Supervisor's Signature

6/17/2025

Date