

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? UMB Department (Full Name of Department)
Off-Campus Agency (Full Name of Agency- For Off-Campus Positions Only)
Address 525 W. Redwood St. 21201
Telephone 416, 706.6392 Fax No
Work Study Supervisor's Full Name Lisa Berlin
Work Study Supervisor's Title Alison L. Richman Professor
E-mail Address LBERLING SSW. umaryland. edu
Alternate Supervisor's Full Name Lisa Sharty
Alternate Supervisor's Title Research Assistant Professor
E-mail Address 1 i Sa. Shanty @ SSW. umaryland. edn
Job Title Research Assistant
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

Phone: 410-706-7347



Federal Work-Study Supervisor Acknowledgment Checklist

Super their s	visors must review, sign, and submit this Acknowledgement Checklist to our office prior to receiving approval for ubmitted FWS position. Supervisors are encouraged to save this checklist to their desktop for quick reference.
V	I acknowledge I have reviewed the FWS Supervisor Orientation for FWS policies.
V	I acknowledge I will not allow students to start working prior to my job being approved.
V	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.
V	I acknowledge I will not send student forms to the Office of Student Employment a student's behalf.
1	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.
<u> </u>	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.
V	I acknowledge I will review student submitted timesheets for accuracy on time each pay cycle.
V	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.
V	I understand that once my position is approved and posted to the <u>approved job website</u> , interested students will reach out to my office using the information provided on my approved and published Supervisor Request Form.
	supervisor, acknowledge I have read the above and that our office will adhere to the FWS policies put in for FWS Student Employment.
X	Lisa Berlin x elle
	Print Supervisor Name Supervisor signature
For us	e of the Office of Student Employment:
ror us	s of the Office of Student Employment:
	ffice of Student Employment acknowledges receipt of all submitted paperwork and summary of hiring isor responsibilities.
X	X
	Print Name signature



2025-2026 FWS Confirmation Form

Umr. Marylant Sch. of Social Work

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

Print Supervisor's Name	Print Alternate Supervisor's Name
The federal government requires t and Procedures before actively pa	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 Procedures and understand the me am the individual listed above.	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 c must review, sign, and submit to the position.	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	8/1/25 Date
Xisa Sharty	8/1/2025

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Alternate Supervisor's Signature

Date

From: Lisa Berlin, PhD; UM School of Social Work

Re: Job Description for FWS Student Research Assistant

This position will support a longitudinal community-based research study, Compañeros en la Salud de los Niños/Partners in Children's Health.

This project is a longitudinal randomized trial testing impacts of the Attachment and Biobehavioral Catch-up (ABC) program in low-income Latina mothers and their infants. I require an RA who is fluent in Spanish and possesses a strong understanding of both Latine and U.S. cultural contexts in order to engage effectively with research participants. The RA will assist with participant outreach, data collection, data analysis, and dissemination efforts. Principal responsibilities will include scheduling, organizing, and conducting home-based data research activities with mothers and their infants/toddlers. The RA will collaborate closely with the Principal Investigator, research team, and community partners. They will participate in weekly team meetings to share progress, contribute insights, and help address challenges as they arise.