

**Position Description for
Federal Work Study Program**
2024-2025



Student's Name	myWSU ID Number	<input type="checkbox"/> New	<input type="checkbox"/> Returning
Department Name	Location or Address Where Work will be Performed		
Position Title	Organization Number	Position Number	
Type of Work	Hourly Wage	Hours Per Week	
Period of Enrollment (Check all that apply)	<input type="checkbox"/> Fall 2024	<input type="checkbox"/> Spring 2025	<input type="checkbox"/> Summer 2025

Purpose/role of the position within the organization:

Short description of duties and responsibilities performed by the student as related to the position's purpose/role:

Required position qualifications:

If various levels/rates of pay are associated with the position, please identify the procedures for determining a student's rate of pay and the specific position qualifications needed:

Evaluation procedures and schedules:

Please give the name of faculty or staff member designated as the student's supervisor for this position:

Supervisor	Department	
Email Address	Phone Number	Date