

2020/2021 Federal Work-Study Community Service Job Description & Approval Form

Name: Elizabeth Godfrey BCM	D: 189640 Total A	ward: \$1,000.00 (\$ <i>15.00/nr)</i>
Employment Date – From: 08/17/20)20 To: 06/05/2021	L
	•	he 2020-2021 Academic-Year. Please take this form to the approved and have your supervisor complete the following information:
Position Title:		
Organization / Department Name: _		
Address:		
Location/where Duties performed:		
Please give a description of student	's employment duti	ies within your organization/department. (Add attachment if necessary)
Signing here accepts that your departme	nt will supervise the s	tudent and make sure that timesheets are correct and copies are kept.
Supervisor Signature	 Date	Print Supervisor Name
	2400	
Supervisor Location/ Address		E-mail Address
Phone Number		

Date

Student's Signature acknowledging duties required