**BCCC FEDERAL WORK STUDY PROGRAM**

**POSITION REQUEST FORM**

**Financial Aid Award Year: \_\_\_\_2023-2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Department Office (on campus): **\_\_\_\_Financial Aid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Organization (off-campus): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Position: **\_\_\_\_\_ Office Assistant \_\_\_\_\_\_\_\_\_\_\_\_**

Number of Students desired to fill this position: **\_\_6\_\_\_\_**

Qualification(s) required (may attach additional statement:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities of Position**: Answer telephones, assist students with FAFSA applications, assist with office reports, process mailing and deliveries and filing documents.**

Number of hours per week (If unknown indicate that hours will vary). **Note: cannot exceed 20 hours per week:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor Name: **\_\_\_Linda Williams-Robinson\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Back up Name(s): **\_\_\_Arthur Apiyo**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: **\_\_\_\_2901 Liberty Heights Ave\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_Baltimore, MD 21215\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: **\_\_\_Rm 24, Financial Aid\_\_\_\_\_\_\_\_\_\_\_\_**

Phone Number(s): **\_\_\_410-462-8500\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email Addresses: **\_\_\_lwilliams@bccc.edu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ aapiyo@bccc.edu \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SPECIAL NOTE: The Employment Authorization Form (EAF) will have the FWS student’s award amount and the number of hours a student should work each week. It is extremely important that the supervisor set the student’s work schedule so that the student will not exhaust his or her award. If the student works more than he or she is awarded, the Federal Aid Office will not pay the student. However, the student will still need to be paid out of your budget. (supervisor’s initials).**