

**Work-Study Job Description Form
University of the Incarnate Word**

Department:

Location:

Supervisor:

Supervisor Phone:

Supervisor E-mail:

Job Title:

Hourly Pay Rate(s):

How is the pay rate determined, if multiple rates are indicated? (check all that apply)

Experience

Grade Level

Other:

Purpose/Role of the position:

General Length of FWS Agreement:

Annual basis

Semester basis

Job Description and General Duties:

Special Skills:

**Supervisors: Please indicate if employee will be required to lift, stand for extended periods of time,
wear closed shoes, uniforms, protective eyewear, etc.**