

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS

2101 SAASB, SANTA BARBARA, CA 93106-3180 TELEPHONE (805) 893-2067

WORK-STUDY PROGRAM

WORK-STUDY STUDENT EMPLOYEE DETAILED JOB DESCRIPTION

Agency Name: _____

Agency Address: _____

Agency Telephone Number: _____ Fax Number: _____

Student's Name: _____

Job Title: _____ Hourly Pay Rate: _____

Supervisor's Name: _____ Supervisor's Title: _____

General Summary of Duties:

JOB DUTIES/RESPONSIBILITIES:

WSP Office Use Only
Job Request Number: _____

Percentage of Time (Time of all duties must add up to 100%)	Frequency (Daily, Weekly, Monthly, Quarterly, Annually)	Job Duties/Responsibilities (Please list in order of importance)

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE