



# UNIVERSITY OF MARYLAND

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OFFICE OF STUDENT FINANCIAL AID  
*Federal Work-Study Program*

## Federal Work-Study (FWS) Employer Application/Renewal Form Fall 2004 - Spring 2005

Do you want to participate in the FWS program for this academic year: \_\_\_\_\_  
 Yes, we would like to participate. We will complete all required forms.  
 No, we do not want to participate this year, but please keep us on the mailing list for next year.  
 No, we do not want to participate. Please permanently deactivate our account and delete us from this mailing list.

All staff who participate in the FWS program must adhere to all the policies and procedures in the FWS handbook. The FWS handbook is available on-line at [www.financialaid.umd.edu](http://www.financialaid.umd.edu). By signing below, the FWS Coordinator and Payroll Officer agree to abide to all policies outlined in the FWS Handbook and to ensure that all FWS supervisors and employees abide by these policies. Any unauthorized earnings will be billed to your department's Labor and Assistance Account.

**Please review all information and update any missing or inaccurate data:**

**Department Name:** \_\_\_\_\_ **FWS Account # \*:** \_\_\_\_\_  
\*(If you are a new FWS employer and the FWS account field is blank, we will establish an account for your use.)

**Have you submitted a FWS Participation Agreement?** Yes No    **Are you an Auxiliary Service Unit?** Yes No  
**Labor & Assistance FRS Account #:** \_\_\_\_\_ - 2075    **Check Distribution Code:** \_\_\_\_\_

**Have you established a Data Warehouse Account with FWS access?** Yes No

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

**Employer FWS Contact/Coordinator:**  
**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Payroll Officer:**  
**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Supervisors - List all staff who will supervise FWS employees who are not already listed above :**

1. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_
2. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_
3. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_
4. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_
5. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_
6. **Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Federal Work-Study Employer Application/Renewal Form - Page 2**

1. How many students employees do you plan to employ for each of the coming semesters?

	<b>Minimum FWS Students</b>	<b>Maximum FWS Students</b>	<b>Planned L&amp;A Students</b>	<b>Total Students</b>
Undergraduate employees per semester:				
Graduate employees per semester:				

2. Please check each area in which you plan to offer student positions for the coming semesters or summer terms.

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting                       | <input type="checkbox"/> Office/Clerical           |
| <input type="checkbox"/> Art/Music/Theater Production     | <input type="checkbox"/> Research/Laboratory       |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Specialized               |
| <input type="checkbox"/> Computer Programming and Support | <input type="checkbox"/> Student Services/Tutoring |
| <input type="checkbox"/> General Labor                    | <input type="checkbox"/> Other (Specify): _____    |

3. Briefly describe your anticipated need for FWS student employees for the coming fall and spring semesters. Include any special learning opportunities, special needs, and any other important information pertaining to your department.

4. Approximately how many hours per week will each student be asked to work? Briefly describe your ability to offer a flexible work schedule as to accommodate student's course and study needs.

5. What type of leadership/supervision is offered by your department for the student?

6. Briefly describe any opportunities for professional development which will be offered by your department (i.e. training programs, opportunities to attend workshops, etc.).

7. **Additional comments/special needs/new programs requiring additional FWS students:**