



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 2008 - Spring 2009

Section 1.

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 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/FWS. By signing below, the FWS Contact and FWS Payroll Officer agree to abide by all policies outlined in the FWS Employer 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 #:** 01-444- ____ -2074
*(If you are a new FWS employer and the FWS account field is blank, we will establish an account for your use.)

Mailing Address: _____

Section 2.

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

Employer FWS Contact:

Name: _____ **Signature:** _____
UID: _____ **E-mail:** _____ **Phone:** _____ **Fax #:** _____

Employer FWS Payroll Officer:

Name: _____ **Signature:** _____
UID: _____ **E-mail:** _____ **Phone:** _____ **Fax #:** _____

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 #:** _____

Section 3.

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

	Minimum FWS Students	Maximum FWS Students	Planned L&A Students	Total Students
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: