



Office of Student Financial Services  
1200 Amburn Road, A-149  
Texas City, Texas 77591  
Phone: 409-938-1211  
Fax: 409-935-2435

**Federal Work-Study  
Job Description Form  
2010-2011 Academic Year**

Please complete a form for each position (not each employer)

**Employing Agency Name and Department (ex. College of the Mainland/Student Financial Services):**

\_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Anticipated Work Schedule (days and hours):**

\_\_\_\_\_

**Average hours per week (not to exceed 15) expected to work:** \_\_\_\_\_

**Number of positions available:** \_\_\_\_\_

**Please check type of work:**

- ☐ Professional
- ☐ Maintenance
- ☐ IT/Computer
- ☐ Clerical
- ☐ Dining Services
- ☐ Technical
- ☐ Custodial
- ☐ Other (please explain): \_\_\_\_\_

**Please list student's duties and responsibilities:**

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

**Please list job qualifications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Please list experience gained that will complement student's academic program or career goals (required for all Federal Work-Study job listings):**

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**All students employed in college work-study will undergo a criminal background check, per College of the Mainland policy. The results of the background check could determine where at student employee may or may not work.**

**Please review the checklist of duties and responsibilities and mark as appropriate:**

Handling financial, student or personnel data or records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Confidential or sensitive data or information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Handling cash, checks, or credit card transactions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Responsibilities for/or providing services to anyone under the age of 18?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Possessing keys/codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Access to a select agent or toxin as defined by the Centers for Disease Control (CDC) or which will load, unload, prepare for transport or offer for transportation any quantity of radioactive materials or a quantity of hazardous material which requires placards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Supervisor:** This individual must be present at the work site when the student is working. He/she is also the person who regulates hours of work and generally ensures that the employee is performing his/her duties properly.

**Supervisor's name and job**

**Title:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Mailing address (if different from that of contact):** \_\_\_\_\_

**Immediate Supervisor Comments:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Management Comments (second level supervisor):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To Be Completed by Federal Work-Study Community Service Employers**

Describe the services your organization provides for the local community and how your organization improves the quality of life in the community:

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Describe how this work-study position above will enable your agency to achieve this purpose:

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Please complete checklist of services provided:

Literacy training, reading or math tutor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Healthcare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Childcare	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Welfare, Social Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation, housing or neighborhood improvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Public safety or crime prevention and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rural development or community improvement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work in service opportunities or Youth Corps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Support services for students with disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mentor for such purposes as supporting educational and		
Recreational activities or counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Agency funding sources** (check all that apply):

☐ Federal    ☐ City/County    ☐ State    ☐ United Way    ☐ Other (please explain)

**Agency's staffing** (number of positions):

Full-time paid staff	<input type="text"/>
Part-time paid staff	<input type="text"/>
Student employees	<input type="text"/>
Volunteers	<input type="text"/>
Total staff	<input type="text"/>

Additional comments:

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