



**The City University of New York**  
**Federal Work Study Experimental Job Description**  
**Academic Year 2020-2021**

Company Name	Telephone No.:
Company Address	Location Address:
Date Submitted	Location Supervisor:
Additional Location Supervisor's Name and Email	Location Supervisor Email

**\*\*Submit separate forms for each job description**

Job Title: \_\_\_\_\_

Number of Positions Available: \_\_\_\_\_

Job Description: (Please attach job description if necessary):


Please indicate if any special skills are necessary for this position:

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Hours of Work Available per week (no more than 25 hours per week):

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Work is available during the following days and hours:

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Print Supervisor Name

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Supervisor Signature

*Mariya Lyubman*

Date

**Central Office Use Only**

CunyFirst Job Codes: 999 813

CunyFirst Company/Vendor Codes: 0000000 633

**Pay Rate: \$17.00**

**\*\*All positions begin on or after the first day of classes. All positions terminate on the last day of finals. The FWS coordinator will provide you with the applicable dates.**