

OCEAN COUNTY COLLEGE
OFFICE OF FINANCIAL AID
2009-2010
Off-Campus

WORK-STUDY PROGRAM JOB DESCRIPTION

Please complete this form.

Department: _____

Supervisor: _____

Phone/E-Mail: _____

Position Title: _____

#of hours/week _____
(Max. 15 hrs/wk)

Terms of Work
Desired: Fall _____ Spring _____ Both _____

Position Description: _____

Technical or Special
Requirements: _____

Classification: Federal _____ Institutional _____

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OFF-CAMPUS EMPLOYMENT PLACEMENT FORM

Only to be filled out by Department Heads or Supervisors.

Business Name: _____

Supervisor: _____

Supervisor's
e-mail address/Phone: _____

Classification: Federal _____
 Institutional _____

Have you employed
Work-Study Students
before? Yes _____ No _____

If Yes, would
you like the student/
students to return if
eligible? If so, please
list the names of the
student(s): STUDENT(S): _____

Position: _____

Supervisor's signature _____ Date _____

TO SUPERVISORS: This form is merely a placement form, you must attach a separate job description for each position filled. This must be done even if one is on file. Please download the Job Description form from the website and send with this placement form. **NO WORK-STUDY POSITIONS WILL BE FILLED WITHOUT THESE TWO FORMS.**