



2020/2021 Federal Work-Study Job Description Approval Form

Name: _____ BCM ID: _____

Total Award \$ \$15.00 (\$15.00/hr)

Federal Share \$ \$11.25 (\$11.25/hr)

Department Share \$ \$3.75 (\$3.75/hr)

Employment Date - From: _____ To: _____

You have been awarded Federal Work Study for **2019/2020** Academic-Year. Please take this form to the approved department where you will be employed and have your supervisor complete the following information:

Position Title: ASC Student Assistant

Department Name: Office of Student Services Address: 1 Baylor Plaza, Main Baylor 271A

Location/ where Duties performed: Academic Success Center, Debakey rm. 208

Business Area 7500 Cost Center # 5400400101

Please give a description of student's employment duties within your department. (Add attachment if necessary)

Signing here accepts that your department will supervise the student and make sure that timesheets are correct and copies are kept.

Suzette Roldan 06/26/2020
Supervisor Signature Date

Suzette Roldan
Print Supervisor Name

1 Baylor Plaza, Main Baylor 271A
Supervisor Location/Address

sroldan@bcm.edu
E-mail Address

713-798-7336
Phone Number

C. Chestman 07/22/2020
Student's Signature Date

Please return to Financial Aid upon completion.
Financial Aid Office / One Baylor Plaza, N104 / 713-798-4603