



Work Study Program

Position Information Sheet

Please complete this form and return it to the Office of Professional Development with your Work-Study Contract and your employment documents before you begin your Work-Study placement. If you have any questions, please call 419-530-2851 or e-mail opd@utoledo.edu.

STUDENT INFORMATION:

Name:	
Address:	
E-Mail:	
Phone:	
Class Year:	

EMPLOYER INFORMATION:

Employer Name:
Supervisor Name/Title:
Address:
E-Mail:
Phone/Fax:
Anticipated Responsibilities/Position Description: (*Please attach if sheet provided by employer)

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Expected Weekly Commitment (In Hours):
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Expected Start and End Dates:
