# Work Study Form

(to be completed by employer)

Student Name: _____

Place of employment: _____

Direct Supervisor: _____

Phone number: (  )  -

Addresses: _____

Start date:  /  /

Hours per week (circle one):  5-10  10-20  20-30  30-40  40+

Description of Duties: _____

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Goals: _____

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Supervisor Signature: _____ Date:  /  /