

SOUTHEASTERN LOUISIANA UNIVERSITY

Work Study

JOB DESCRIPTION FORM

Work Study Office
SLU 10768
Hammond, LA 70402

Phone: (985) 549-5311
Fax: (985) 549-5438

Department: _____

Supervisor: _____ **Phone Number:** _____

Address: _____

Position Name: _____ **Classification of Position:** _____

Location where duties are performed: _____

Length of Employment: _____ **Rate of Pay:** _____

Qualification for Position:

Purpose/Role of the Position:

Duties and Responsibilities as they relate to purpose/role:

Procedure for Determining Rate of Pay when position has multiple pay rates:

Evaluation Procedures: