



**COLLEGE OF LAW**  
**THE UNIVERSITY OF TOLEDO**

**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](mailto: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)

Expected Weekly Commitment (In Hours):

Expected Start and End Dates: