

MIT Room W20-549, 77 Massachusetts Avenue, Cambridge, MA 02139 Phone: 617-253-8065 Fax: 617-258-9357 Email: studentworker@mit.edu

Massachusetts Institute of Technology Community Service Work-Study Job Description

Organization Information Organization: Company billing address: Address: Web address: Billing person: Supervisor: Email: Phone: Supervisor's phone: Supervisor's fax: Supervisor's email: Description of organization (mission statement, impact etc.): Community/population being served: Funding: □Nonprofit □School □City or town government **Job Description** Job title: Number of openings: Department/Office: Duration: / / Hours per week: Please provide a detailed description of duties and expected activities for this position:

| What skills and/or qualifications are | e required for the position? |
|---|--|
| | |
| Where will the work be done? On site? Off site? Some combination? | |
| For any off-site work, how will the p | position be supervised? |
| Hourly pay rate: | Total percent of non-Federal share of student compensation to be paid by the Agency to the Institution in accordance with Paragraph (6) of Contract: |
| Signature: | |
| Authorized Agency Represe | ntative Date |
| Position in Agency | |