

Morgan State University  
Federal Work Study Program  
Employer's Directory

DEPARTMENT NAME: \_\_\_\_\_

CHAIRPERSON'S NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_  
(ONE THAT IS ACCESSIBLE)

SUPERVISOR: \_\_\_\_\_

TIMESHEET PROXY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE COMPLETE AND RETURN THIS FORM TO THE STUDENT EMPLOYMENT OFFICE,  
MONTEBELLO A-223  
FAX NUMBER 443-885-8531

**\*\* A TIMESHEET PROXY MUST BE NAMED, FAILURE TO DO SO WILL RESULT IN A  
HOLD ON COMPLETING THE STUDENT'S WORK STUDY PACKET.**