# Department of Veterans Affairs
## Work-Study Worksite Application

### Worksite Information (Please Print Clear)

<table>
<thead>
<tr>
<th>Worksite Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Worksite Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
</tbody>
</table>

### Site Supervisor Information

<table>
<thead>
<tr>
<th>Site Supervisor Name:</th>
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</thead>
<tbody>
<tr>
<td>Supervisor Email:</td>
<td></td>
</tr>
<tr>
<td>Supervisor Number:</td>
<td></td>
</tr>
<tr>
<td>Supervisor Fax:</td>
<td></td>
</tr>
<tr>
<td>Secondary Supervisor Name (optional):</td>
<td></td>
</tr>
<tr>
<td>Secondary Supervisor Email (optional):</td>
<td></td>
</tr>
<tr>
<td>Secondary Supervisor Phone (optional):</td>
<td></td>
</tr>
</tbody>
</table>

If you are an education institution, how many students are in receipt of VA education benefits at your facility?

How many Work-Study Students are you requesting?

How many hours are you requesting each student to work? (Max 1300 per year per student)

### Type of Facility

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOD Facility</td>
<td>Educational Institution</td>
</tr>
<tr>
<td>Domiciliary</td>
<td>VA Facility (VHA, VBA)</td>
</tr>
<tr>
<td>Non-VA facility</td>
<td>State Approving Agency (SAA)</td>
</tr>
<tr>
<td>Vet Success Center</td>
<td>Other: ___________________</td>
</tr>
</tbody>
</table>

### Job Duties

<table>
<thead>
<tr>
<th>Example</th>
<th>Job Duty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filing paperwork for Student Veterans</td>
<td>7.</td>
</tr>
<tr>
<td>Answering phone calls from Veterans</td>
<td>8.</td>
</tr>
<tr>
<td></td>
<td>9.</td>
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<tr>
<td></td>
<td>10.</td>
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<td></td>
<td>11.</td>
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<tr>
<td></td>
<td>12.</td>
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<tr>
<td></td>
<td>13.</td>
</tr>
<tr>
<td></td>
<td>14.</td>
</tr>
</tbody>
</table>

Supervisor Signature:  
Date:

Please complete this form in its entirety. Sign/date and return to the Buffalo RPO via email: workstudy.vbabuf@va.gov