UG_____   GR_____

Previously Employed on Campus Y_____   N_____

2022-2023 Federal Work-Study Authorization Form

Student Section:

Student Name: _____

Student ID: _____   Date of Birth: _____

Student Certification:

I agree to accept employment in the department named above. I understand that I will be expected to perform duties in a responsible manner and to comply with the requirements of the job and the instructions of my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position under the Federal Work Study Program if I do not meet minimum standards. I will supply my supervisor with a copy of my class schedule, accurately record my work hours on a time sheet, and will maintain a record of my earnings in order not to exceed my limit. I understand that I cannot start to work until I submit this authorization form to the Office of Financial Aid and Scholarship and I receive confirmation from Human Resources that I am able to start working.

_____

Student Signature   Date

Supervisor Section:

Supervisor Name and Title: _____

Name of Department: _____

Phone Number: _____   Email Address: _____

Supervisor Certification

I agree to hire the above named student. I will supervise the work performed and I will be responsible for signing and forwarding the Work-Study employee electronic or paper time record to the Payroll Office, retaining a copy for my records. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount above by the Office of Financial Aid and Scholarships. I understand that participation in the Program is contingent upon satisfactory compliance with the policies and procedures outlined on the financial aid website. I further understand that any violation of those procedures many jeopardize this department's participation in the Program. I understand that the student cannot start working until he/she submit this authorization form to the Office of Financial Aid & Scholarship and I receive confirmation from Human Resources that he/she is able to start working.

_____

Supervisor Signature   Date

For Office Use Only:	**Employment Payroll Period – July 1, 2022 to June 30, 2023**	
Hourly Wage: $_____	FWS Award: $_____	Registered_____
Authorized Maximum Hours of Employment per Week: _____		HRD_____
OFAS Approval Signature_____		RRAAREQ_____