

## **Federal Work Study Program Checklist**

In order to secure your Federal Work Study (FWS) position, you must fulfill the following requirements.

### **STUDENTS RETURNING TO THEIR PREVIOUS FWS POSITION:**

- **FWS Authorization Form** - If you are being rehired by the department for which you previously worked, complete and sign the FWS Authorization Form, have your supervisor sign and date the form, and provide a written job offer.
- **Job Description Form** - Your supervisor must complete the Job Description Form.
- **Federal Work Study Student Policies form** - You must read and sign the FWS Policies form.
- Submit all completed forms to the Office of Financial Aid and Scholarships using the secure document upload portal at <http://southernct.edu/SFAFileUpload>.
- Human Resources will notify you via your SCSU email of your employment start date.

### **STUDENTS CHANGING/TRANSFERRING TO A NEW FWS JOB OR STUDENTS NEW TO FWS:**

- Visit Southern's student employment website, JOBSs, at <https://inside.southernct.edu/careers/jobs>, click on Student Login, create or update your profile and post your resume. Search for FWS positions.
- **FWS Authorization Form** - Once you have secured a position, you must complete and sign the FWS Authorization Form and have your supervisor sign and date the form.
- **Job Description Form** - Your supervisor must complete the Job Description Form.
- **Federal Work Study Student Policies form** - You must read and sign the FWS Student Policies form.
- Submit all completed forms to the Office of Financial Aid and Scholarships using the secure document upload portal at <http://southernct.edu/SFAFileUpload>.
- Human Resources will contact you via your SCSU email if a background check is required.
- Human Resources will notify you via your SCSU email of your employment start date.

### **OFF-CAMPUS FWS STUDENTS:**

- **Off-Campus Contract Agreement Form** - Students assigned to off-campus FWS must complete the Off-Campus Contract Agreement with their supervisor.
- **FWS Authorization Form** - Once you have secured a position, you must complete and sign the FWS Placement Form and have your on-campus supervisor sign and date the form.
- **Job Description Form** - Your on-campus supervisor must complete the Job Description Form.
- **Federal Work Study Student Policies Form** - You must read and sign the FWS Student Policies form.
- Submit all completed forms to the Office of Financial Aid and Scholarships using the secure document upload portal at <http://southernct.edu/SFAFileUpload>.
- Human Resources will contact you via your SCSU email if a background check is necessary.
- Human Resources will notify you via your SCSU email of your employment start date.

**Any questions concerning the instructions or placement procedures should be directed to the Office of Financial Aid & Scholarships in the Wintergreen Building.**

### Federal Work Study Program Student Policies

You have been hired by a department for the purpose of working part-time during this academic year. Please read and abide by the following policies:

- **You cannot work more than one job at SCSU while under the Federal Work Study (FWS) Program.**
- **You cannot work more than 20 hours per week during Fall/Spring semesters.** Not adhering to Federal Policy is grounds for termination/re-assignment.
- **You cannot begin work until all required documents are properly completed and returned** to both the Office of Financial Aid & Scholarships (OFAS) and the Human Resources Department (if required). HR will confirm when you are approved to officially begin.
- **The maximum hours you may work for the year is your Work-Study fund amount divided by your hourly rate.** Monitor how many of those hours you work each week with your supervisor if you wish to ensure your allotment of funds will last the duration of the federal aid year. If you work more than this and your Work-Study eligibility runs out, you will be terminated from your Work-Study position.
- **Once you have established your weekly work hours with your supervisor, please adhere to your schedule.** Your department is depending on you to report to work when you are assigned. If adjustments are necessary, please discuss it with your supervisor.
- **If you are sick, running late to work, or for some reason cannot report to your assignment when you are supposed to,** call your supervisor immediately and let them know. Not showing up for work could be grounds for termination/re-assignment.
- **You are paid for the hours you work on a bi-weekly basis.** Your timecard options will be emailed directly to you from Payroll once you have completed and submitted all the necessary placement paperwork. It is your responsibility and the responsibility of your supervisor to make sure your timecard is properly completed and submitted after shift completion to the SCSU Payroll Department. If your timecard is submitted late, you will be paid on the next available pay-date.
- **If you have been assigned to an off-campus placement, you must complete additional paperwork.** In addition, the SCSU Payroll Department will email your official timecard once all documents have been received and processed. Off-campus student workers must have their off-campus sign -- and on-campus supervisors approve -- their timecards. Then, these completed timecards are to be emailed to [financialaid@southernct.edu](mailto:financialaid@southernct.edu) after shift completion.
- **For your convenience, the University has direct deposit available for your payroll check.** If you are interested, a Direct Deposit Authorization Form is located on the SCSU Payroll website and in the Payroll Office. Complete and return to the University Payroll Department located in the Wintergreen Building. Questions regarding direct deposit can be directed to the Payroll Department.
- **It is likely that your first University paycheck may be delayed at least one pay cycle.**

**Computer Use:** Campus technology devices are the property of the State of Connecticut and their use is restricted to the performance of official State business. Student workers must follow the Board of Trustees Policy on Computer Use for Employees of the Connecticut State University System (BR # 86-48).

If at any time you have questions regarding your award please see the FWS program coordinator located in the OFAS, Wintergreen Building.

**REMEMBER:** If your earnings *EXCEED* your Federal Work Study award, your other financial aid awards (i.e. grants/loans) can be reduced by the amount of earnings that exceed your accepted FWS award. This could mean you will possibly have an outstanding balance to the University. It is important to stay in touch with OFAS to make sure you are within your earnings guidelines.

**By signing below, I certify that I have read and understand the Student Policies of the SCSU Federal Work Study Program.**

**We do not accept typed signatures.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Legal Name

\_\_\_\_\_  
Student ID Number

UG\_\_\_\_\_ GR\_\_\_\_\_

Previously Employed on Campus Y\_\_\_\_\_ N\_\_\_\_\_

## 2025-2026 Federal Work-Study Authorization Form

### Student Section:

Student Legal Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Student Certification:

I agree to accept employment in the department named below. 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 may jeopardize this department's participation in the Program. I understand that the student cannot start working until he/she submits 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 OFAS Use Only: Federal Aid Employment Period – July 2025 to June 2026

Hourly Wage: \$\_\_\_\_\_ FWS Award: \$\_\_\_\_\_ Registered\_\_\_\_\_

Authorized Maximum Hours of Employment per Week: \_\_\_\_\_ HRD\_\_\_\_\_

OFAS Approval Signature\_\_\_\_\_ RRAAREQ\_\_\_\_\_

**2025-2026**  
**Federal Work Study**  
**Job Description Form**

Departments hiring Federal Work Study students must complete this job description form for each student and position.

Student Legal Name:	SCSU ID:
Award Year:	Job Title:
Location:                      On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/>	
Division/Organization Name:	
Division/Organization Phone Number:	
Division/Organization Address:	
Supervisor's Name:	
Supervisor's Email Address:	

**Job Description: (Brief & Specific)**


**Preferred Qualifications:**


**Education/Career Related Benefits:**


Start Date	Hours/ week	Full Year?	Fall Semester?	Spring Semester?	Summer?
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Authorized Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM TO THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS**