

Student Employment Office

Student ID #:\_\_\_\_\_

## **Work Study Authorization Form**

## **Section I - Student Information**

Student's name:

Students may begin working once officially <u>hired</u> and before this form is received by the Student Employment Office. However, pay earned prior to a work study award may be the responsibility of the employing department.

Student's position title	<del></del>				
ection II - Stude	ent Awarding Requ	est			
lease select <u>ONE</u> est equests can be comp venly over the entire	imated award amount bas leted later if needed and i academic year. For exam vork 16-20 hours a week e	ed on student's anticip f work study funds ren ole, \$10,000 is awarded	ain. Ann	ıal award a	mounts are awarded
	Anticipated hours	Annual Award			
	0 - 5	\$2,500			
	6 - 10	\$5,000			
	11 - 15	\$7,500			
	16 - 20	\$10,000			
By checking thi	s box, I (the student) auth ccepted to accommodate m responsible for paying	this work study award	d. I under		
By checking thing are offered or a balance that I a	s box, I (the student) auth	norize the reduction or this work study award on my student accour	d. I under		
By checking thing are offered or a balance that I a	s box, I (the student) authorized to accommodate m responsible for paying	norize the reduction or this work study award on my student accour	d. I under		
By checking thing are offered or a balance that I as bection III – Emember Employing Department	s box, I (the student) authorized to accommodate m responsible for paying ployer Information ont/Agency Name:	norize the reduction or this work study award on my student accour	d. I under		this may create a
By checking this are offered or a balance that I a section III – Em smploying Department supervisors Name (P	s box, I (the student) authorized to accommodate m responsible for paying  ployer Information  nt/Agency Name:  rint Clearly):	norize the reduction or this work study award on my student accour	d. I under	stand that	this may create a
By checking this are offered or a balance that I a section III – Emember Employing Department Supervisors Name (P	s box, I (the student) authorized to accommodate m responsible for paying  ployer Information  nt/Agency Name:  rint Clearly):	norize the reduction or this work study award on my student accour	d. I under	stand that	this may create a
By checking thi are offered or a balance that I a	s box, I (the student) authorized to accommodate m responsible for paying  ployer Information  nt/Agency Name:  rint Clearly):  ss:	norize the reduction or this work study award on my student accour	d. I under	stand that	this may create a



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## Section IV - Signatures

> Students can upload forms to Secure Document Upload on the Financial Aid website or use this QR code <u>OR</u>
>
> Anyone can email completed form to Student Employment Office

