

2025-2026 Work Study Authorization Form

Section I - Student Information

Students should not begin to work until this form is received by the Student Employment Office. Retroactive hours will not be paid for with work-study funding if employment begins before this time.

Student's name: _____ Student ID #: _____

Student's position title: _____

Number of credits currently enrolled: _____ Semester: _____ Year: _____

Section II - Student Awarding Request

*Please select **ONE** estimated award amount based on student's anticipated workload for the semester. Increase requests can be completed later if needed and if work study funds remain. Annual award amounts are awarded evenly over the entire academic year. For example, \$10,000 is awarded annually (\$5,000 each semester) for a student estimated to work 16-20 hours a week each semester.*

Anticipated hours per week	Annual Award Amount
0 - 5	\$ 2,500
6 - 10	\$ 5,000
11 - 15	\$ 7,500
16 - 20	\$ 10,000

**NOTE: award amounts may differ depending on student's actual eligibility*

By checking this box, I (the student) authorize the reduction or cancellation of federal student loans that are offered or accepted to accommodate this work study award. I understand that this may create a balance that I am responsible for paying on my student account.

Section III – Employer Information

Employing Department/Agency Name: _____

Supervisors Name (**Print Clearly**): _____ *Speed Type: _____

(Required - See Contract)

Contact e-mail address: _____

Campus Box (if applicable): _____ Student Pay Rate (\$/hr): _____

*Student's Start Date: _____ *Student's End Date: _____

Section IV – Signatures

By signing this form, the student certifies that all information reported is correct and understands their responsibilities as an employee and recipient of a work study award as set forth in the [Federal Student Aid Handbook](#) and the [Student Employment Handbook](#).

Student Signature: _____ Date: _____

By signing this form, the supervisor authorizes that they are familiar with, and will abide by the policies and procedures set forth in the [Student Employment Handbook](#).

Supervisor Signature: _____ Date: _____

Students can upload forms to Secure Document Upload on the Financial Aid website or use this QR code

QR

Anyone can email completed form to Student Employment Office



Student Employment Office

P.O. Box 173364, Campus Box 125 Denver, CO 80217-336

Phone: 303.315.5969 Fax: 303.315.1886 Email: StudentEmployment@UCDenver.edu