

2026-2027 Work Study Authorization Form

Section I - Student Information

Students may begin working once officially hired 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 name: _____ Student ID #: _____

Student's position title: _____

Section II - Student Awarding Request

*Please select **ONE** estimated award amount based on student's anticipated workload. This amount will be split between both semesters. For example, \$10,000 is awarded annually (\$5,000 each semester) for a student estimated to work 16-20 hours a week each semester. Increase requests can be completed later if needed and if work study funds remain.*

Anticipated hours	Annual Award
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)

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