

Office of Financial Aid

College Work-Study Program – Off Campus Employment Only

Employment Notification and Acknowledgement

This section is to be completed by student.								
Student Name				PID				
Address								
City				State			Zip	
Employer/Organization Name								
Student's Award is for (Check One)			Fall/Spring			Sum	nmer	
Current Work-Study Balance								

This section is to be completed by the employer											
Name of Organization											
Name of Student's Supervisor						Phone Number					
Address											
City					State		Zip				
Start Date				Student's Job Title							
Sta ting Rate of Pay			\$								
Person Responsible for Payroll						Phone Number					
Is this community service related?		d?		YES		Ν	10				
Signature of person authorizing											
employment or rejection											
Date									\wedge		

This section is to be complete by the Work	<-Study Monitoring Office
Reimbursement is authorized beginning	
The student may work a maximum of	hours per week
Work-study earnings may not exceed	\$
	Work-study Monitoring Office representative

Note: This work-study award is only valid for the time period indicated. Another employment notification and acknowledgement form must be processed through the Office of Financial Aid if work is to continue into another award period (Academic Year into Summer or vice-versa). Otherwise reimbursement will not occur.