



# Grambling State University

Grambling, Louisiana 71245

OFFICE OF STUDENT  
FINANCIAL AID and SCHOLARSHIPS  
P. O. BOX 629

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## FEDERAL WORK-STUDY REQUEST FOR DEPARTMENT TRANSFER

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

CURRENT WORKSTATION: \_\_\_\_\_

REQUESTED WORKSTATION: \_\_\_\_\_

### CURRENT WORKSTATION SUPERVISOR

By signing below, you are agreeing to allow this student to be removed from your department.

Hours worked: \_\_\_\_\_

\_\_\_\_\_  
Signature of current workstation supervisor

\_\_\_\_\_  
Date

### REQUESTED WORKSTATION SUPERVISOR

By signing below, you are agreeing to the following terms:

- The student will work under your supervision or with a staff/faculty person in your department.
- To monitor authorized hours so that the student does not over work.
- Understand and comply with that it is the supervisor's responsibility to pay the student for over worked hours.

\_\_\_\_\_  
Signature of requested workstation supervisor

\_\_\_\_\_  
Date

New student employees must have I-9, L-4 and W-4 forms along with a copy of their Social Security card and driver's license/picture ID on file before a work placement can be authorized. Returning student employees must complete an updated L-4 and W-4 form each January. All supervisors should keep a file and copies of students' timesheets and sign in/out logs submitted to Payroll.

White: SFA & Scholarships

Yellow: Requested Workstation Supervisor