

# Departmental Authorization For Federal Work-Study

(Please type)

NAME: \_\_\_\_\_ S.S.# \_\_\_\_\_

## PERIOD OF EMPLOYMENT:

FROM \_\_\_\_\_ TO \_\_\_\_\_  
MM/DD/YY MM/DD/YY

BUDGET CODE: 1203

DEPARTMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

## I understand the following guidelines:

1. Students may not work more than 25 hours per week beginning the first day of class.
2. Students **CANNOT WORK DURING SCHEDULED CLASS TIME**, even if the class does not meet.
3. Students may not be employed under the Graduate Assistantship/Stipend program and the Wage/Work-Study program **simultaneously**.
4. Students cannot work in excess of the hours authorized
5. If the supervisors allow students to over work authorized hours, the supervisors are responsible for paying the students.
6. Students who had work-study or wages must complete W-4 and L-4 forms before they can actually work in an area. **If supervisors allow students to work without authorization from the Student Financial Aid and Scholarships Office, the supervisors will be responsible for paying the students.**
7. New students must complete and have on file Form I-9, L-4, and W-4 and **copies of Social Security Card and Drivers' license/picture ID**.
8. Students who are currently working and have not completed Forms I-9, L-4, and W-4 are in violation of federal guidelines. Timesheets will not be printed for these students.
9. Supervisors will keep copies of student's timesheets and sign in/out logs submitted to Payroll.

## I have read, understand and I will comply with the above guidelines.

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approver's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Student Financial Aid and Scholarships Office Use Only

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

The following document(s) are needed before the above referenced student can be authorized to work.

I-9 (with copy of Social Security Card/photo ID) \_\_\_\_\_ L-4 \_\_\_\_\_ W-4 \_\_\_\_\_ Award Letter \_\_\_\_\_

## COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

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Department