Authorization for Federal Work Study (FWS) Employment

Student Name: ___________________________  Student LoLa ID# ___________________________
Phone: ________________________________  Email: ______________________________________

To be completed by the Financial Aid Office

The above listed student is currently eligible to participate in the Federal Work Study Program for the term(s) checked: □ Fall 2014  □ Spring 2015  □ Summer 2015
EFC Verified Eligible _____  Unmet Need Verified Sufficient _____

____________________________________________  __________________________
Financial Aid Authorized Signature  Date

To be completed by the Department Head

I agree to supervise the above student for all duties performed within my department. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined in the Federal Work Study Handbook.

____________________________________________  __________________________
Department Head Signature  Date

_____ Academic Success Center  _____ Admissions  _____ Accounting
_____ Career and Transfer Office  _____ Financial Aid  _____ Human Resources
_____ Administration Office  _____ Library  _____ Registrar
_____ Security  _____ Student Accounts  _____ Other (_____________)

To be completed by the HR Department

Employment start date: ___/___/____  Payroll start date: ___/___/____

____________________________________________  __________________________
HR Department Signature  Date
RESPONSIBILITIES OF A FEDERAL WORK STUDY STUDENT EMPLOYEE

FWS student employees are expected to:
- Be enrolled in at least 6 credits during the term(s) of employment
- Work no more than 25 hours per week
- Work no more than 375 hours during the Fall and Spring terms
- Work no more than 276 hours during the Summer term
- Adopt a professional attitude toward his or her work
- Report to work on time and keep assigned work schedule
- Notify supervisor no less than one hour before his or her shift if s/he will be late or absent
- Perform his or her job to the best of his or her ability
- Observe all rules of confidentiality
- Provide one week notice if s/he plans to vacate his or her position
- Keep an accurate and true accounting of hours worked

To be completed by the Student

I understand and agree to adhere to all program policies and regulations as stated above. Furthermore, I understand that failure to adhere to these regulations may result in termination of my FWS award and employment.

____________________________________________  ________________________
Student Signature                                  Date