



**IMPERIAL VALLEY COLLEGE
FINANCIAL AID OFFICE**

**WORK-STUDY AUTHORIZATION FORM
(July 1, 2025- June 30, 2026)**

- Instructions:**
1. Complete all information required on form and send to WS Coordinators.
 2. Agency/Departments with more than 1 position please specify position/placement.
 3. Golf carts used on campus do count as district vehicles.
 4. Student may not work until final clearance is given by WS Coordinators.

Check One: Student Employment to Work-Study Work-Study

Student Name: _____ **G00** _____

Agency/Department: _____ **Position/Placement** _____

Address: _____ **Position requires driving a district vehicle?** Yes No

Authorized timesheet approver: _____ **Phone:** _____

Name: _____

Title: _____

In compliance with IVC Work-Study Program procedures, students may not begin working until Work-Study Authorization form is completed by a Work-Study Coordinator. I understand that any student working under my supervision will not exceed the total hours awarded and a record of time will be maintained by the department for a period of 3 years. I understand that Work-Study hours may be decreased/increased based on the availability of funds. I also understand that if my assigned student(s) exceed their Work-Study hours, my department will be responsible for paying those wages from Agency/Department funds.

Department FOAPAL: _____

Will be kept on file and used ONLY if student works before the start date or exceeds hours assigned.

My signature below certifies that I have read, understood and agree to the statement of compliance above, as well as read and understood the supervisor's handbook. Further, I understand that failure to comply with the guidelines provided in the supervisor handbook, such as timely approval or time sheets, may result in departmental reassignment of work-study students.

Immediate Supervisor is responsible for checking budget for adequate funds if applicable:

Immediate Supervisor: _____ **Phone:** _____

Immediate Supervisor Signature: _____ **Date:** _____

FINANCIAL AID OFFICE	
Received from Agency/Department on _____/20_____	WS Coordinator Initials: _____
Anticipated Starting Date: _____ 20_____ and Ending Date: _____ 20_____	
FUND _____ ORG _____ Pay rate _____ Max hours/wk 15 hours	
Initial hours for award year _____ Total amount awarded _____	
Work-Study Coordinator signature _____ Date _____	