

WORK-STUDY AUTHORIZATION FORM (July 1, 2016-June 30, 2017)

Student MAY NOT BEGIN WORK before this form is completed and approved by Supervisor and Financial Aid Work-Study Coordinator

| Student Name: | | | | G00#: | |
|--|-------------------|-------------|--------------|---------------------------|---|
| Interview date: | | Time: | | | |
| Agency/Departmen | ıt: | | | | |
| | | | | | |
| | | | | | |
| Supervisor authoriz | zed to sign time: | sheet: | | | |
| Name | | | | Phone: () | |
| Title: | | | | | |
| Authorized signature | | | | Date: | _ |
| Dean/Director respo | onsible for chec | cking budge | et for adequ | nate funds if applicable: | |
| Dean/Director signature | | | | Date: | |
| | <u>F</u> | INANCIAI | L AID OFFI | ICE | |
| eriod of Service: From | m | 20 | _ through | 20 | |
| account | _ ORG | Pay rate | e | Max hours/wk | |
| Saximum hours for award yearTotal amount awarded | | | | | |
| Vork-Study Coordinate | or signature | | | | |
| Oate | | | | | |