



**IMPERIAL VALLEY COLLEGE
FINANCIAL AID OFFICE**

**WORK-STUDY
AUTHORIZATION FORM
(July 1, 2017-June 30, 2018)**

**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/Department: _____

Address: _____

Supervisor authorized to sign timesheet:

Name _____ Phone: (____) _____

Title: _____

Authorized signature _____ Date: _____

Dean/Director responsible for checking budget for adequate funds if applicable:

Dean/Director signature _____ Date: _____

FINANCIAL AID OFFICE

Period of Service: From _____ 20 ____ through _____ 20 ____

Account _____ ORG _____ Pay rate _____ Max hours/wk _____

Initial hours for award year _____ Total amount awarded _____

Work-Study Coordinator signature _____

Date _____