

Federal Work-Study Job Referral

Date _____ Student ID # _____
 Name _____ Phone _____
 Address _____ E-mail _____

	FALL SEMESTER	SPRING SEMESTER	TOTAL
FWS Amount			

This Award is subject to availability of funds and possible revision of student's eligibility.

EMPLOYER INFORMATION

Agency/Dept _____ Phone _____ Pay Rate \$ _____

Position _____ Dept E-Mail _____

FEDERAL WORK STUDY AGREEMENT

- The student named above will be working toward earning an allocation of: _____ **Fall** and _____ **Spring**.
 This student has been assigned an average of _____ hours per week.
- My department/agency will assume full responsibility for hours worked beyond the Semester allocation. Students are eligible to earn only the amount of their semester award. Time worked beyond their semester eligibility cannot be covered by FWS funds.
- The student will be paid for all hours worked. Federal regulations prohibit students from volunteering hours. Hours worked before the semester begins or after the semester ends must be paid by the department/employer.
- I will notify the work-study coordinator of any changes or difficulties between the student and the employer that affect the student's opportunity to earn his/her award.
- Any revision of the allocation made by the financial aid office is inclusive of all hours that the student worked prior to the revision.
- The intent of the Federal Work-Study Program is to develop new positions and, thus, should neither result in the displacement of regular workers nor the impairment of existing contracts for services.

I certify that I have read and agree to the above conditions concerning the employment of Federal Work-Study recipient.

Agency/Dept Supervisor _____
Printed Name Date Agency/Dept Supervisor Signature

Agency/Dept Director _____
Printed Name Date Agency/Dept Director Signature

Student _____ FWS Coordinator _____
Student Signature Date FWS Coordinator Signature Date

EMPLOYMENT CANNOT BEGIN UNTIL THIS JOB REFERRAL IS SIGNED AND DATED BY ALL PARTIES.