Federal Work Study Appointment Form

Section 1: Completed by student (Print) Banner ID: **B**_____

_____ Social Security # _____/_____/_____
(Last) Name First MI

_____
(Permanent) Street Address City State Zip Code

Student Phone #: (_____) _____ - _____ Other/Parent Phone: (_____) _____ - _____

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Section 2: Completed by hiring supervisor **JOB#_____**

Supervisor's Certification: Student named above has been hired for this work study position at:

Name of *Department* or *Off Campus Agency*: _____

On Campus Address: (Building/Room) _____ Phone Ext: _____

Off Campus Address: _____ Phone #: _____
Street Address City State Zip Code

☐ **I have reviewed the student's Eligibility Letter. The student is eligible for Federal Work Study and may work up to an average of _____ hours per week. I will not let him/her exceed this amount.**

Supervisor's Name (Print): _____ Supervisor Ext.: _____

Supervisor's Signature: _____ Hire date: _____/_____/_____

Important Note: Student must return this form to the Financial Aid Office before being put on payroll.

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Section 3: Completed by Financial Aid Office

Term: Fall/Spr 2017-18 ☐
Spring 2018 ☐
Summer 2018 ☐

Agency Code: **2 8 1 6 3** ON/OFF campus code: _____

Family Income Code:

Dependent (undergraduate)

A	$	0	→	5,999
B	$	6,000	→	11,999
C	$	12,000	→	23,999
D	$	24,000	→	29,999
E	$	30,000	→	41,999
F	$	42,000	→	59,999
G	$	60,000	→	& over

All Graduate Students: use "I"

Independent (undergraduate)

J	$	0	→	1,999
K	$	2,000	→	3,999
L	$	4,000	→	7,999
M	$	8,000	→	11,999
N	$	12,000	→	15,999
O	$	16,000	→	19,999
P	$	20,000	→	& over

Authorized For Period	**Total Award Amt**	**Award Duration**	**Hourly Rate**	**Income Code**
July 1, 2017 -June 30, 2018	$_____	_____	$__9.75___	_____(chart above)
July 1, 2018 – June 30, 2019	$_____	**Birth date**: _____		**ID:**_____ (Local Campus ID)