

Federal Work Study Appointment Form

Section 1: Completed by student (Print)

Banner ID: B _____

(Last) Name _____ First _____ MI _____

Social Security # _____

(Permanent) Street Address _____ City _____ State _____ Zip Code _____

Student Phone #: _____ Other/Parent Phone: _____

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.

Section 3: Completed by Financial Aid Office

Term: Fall/Spr 2018-19 Spring 2019

Agency Code: 2 8 1 6 3

ON/OFF campus code: _____

Summer 2019

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

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

All Graduate Students: use "I"

Authorized For Period	Total Award Amt	Award Duration	Hourly Rate	Income Code
July 1, 2018 -June 30, 2019	\$ _____	_____	\$ 10.40 _____	_____ (chart above)
July 1, 2019 – June 30, 2020	\$ _____	Birth date: _____	ID: _____	(Local Campus ID)