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: (_____) _____ - _____

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 2021-22 ☐
Spring 2022 ☐
Summer 2022 ☐

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

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, 2021 -June 30, 2022	$_____	_____	$__12.50___	_____ (chart above)
July 1, 2022 – June 30, 2023	$_____	**Birth date**: _____		**ID:** _____ (Local Campus ID)