

# 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 2023-24 Spring 2024 Summer 2024 

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, 2023-June 30, 2024 \$ \_\_\_\_\_

\_\_\_\_\_

\$ 15.00

\_\_\_\_\_ (chart above)

July 1, 2024-June 30, 2025 \$ \_\_\_\_\_

**Birth date:** \_\_\_\_\_**ID:** \_\_\_\_\_

(Local Campus ID)