

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 2024-25

Spring 2025

Summer 2025

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, 2024-June 30, 2025	\$ _____	_____	\$ <u>15.00</u>	_____ (chart above)
July 1, 2025 – June 30, 2026	\$ _____	Birth date: _____		ID: _____ (Local Campus ID)