

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 2025-26 ☐

Spring 2026 ☐

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, 2025 -June 30, 2026 \$ _____

\$ 16.00 _____

_____ (chart above)

July 1, 2026 – June 30, 2027 \$ _____

Birth date: _____

ID: _____

(Local Campus ID)