# 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: (_____) _____ - _____

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**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.**

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**Section 3: Completed by Financial Aid Office**

**Term:** Fall 2026 ☐
Fall/Spr 2026-27 ☐
Spring 2027 ☐

Agency Code: **2 8 1 6 3** ON/OFF campus code: _____

| **Authorized For Period** | **Total Award Amt** | **Award Duration** | **Hourly Rate** |
|---|---|---|---|
| July 1, 2026 - June 30, 2027 | $_____ | _____ | $__16.00___ |

**Birth date**: _____ **ID:**_____
(Local Campus ID)