

**W&J College-Office of Financial Aid
Student Work Authorization Form
2020-2021**

To be completed by the student

Student Name: _____ **Student ID:** _____

I agree to follow the regulations of the Work Study program, and accept the position as described by the Supervisor.

Student Signature: _____

To be completed by the hiring supervisor

The purpose of this job is to assist in the student's workplace skill development. I agree to follow the regulations of the Federal Work Study/Campus Employment Program.

Position: _____ **Wage Rate:** _____

Anticipated Number of Hours per week (not to exceed 10): _____

Department: _____

Department Account # to be paid from: _____

Hiring Supervisor: _____

Alternate Supervisor: _____

Supervisor Signature: _____

This form must be scanned/mailed to kcardillo@washjeff.edu, please use the subject 'student work authorization form'

FOR OFFICE USE ONLY: To be completed by the Office of Financial Aid

Total Student Award Package: _____ **Earn Type:** _____