



**College Work-Study Program  
 Off Campus Employment Only**

**Employment Notification and Acknowledgement**

This section is to be completed by student.

Student Name: \_\_\_\_\_ Student Number (PID): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Organization with which student seeks employment \_\_\_\_\_  
 Student's award is for: (CHECK ONE) Academic year  Summer semester   
 Current work-study balance \$ \_\_\_\_\_

This section is to be completed by employer.

Name of organization: \_\_\_\_\_  
 Student's Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Student's Job Title: \_\_\_\_\_  
 Starting Rate of Pay: \_\_\_\_\_  
 Name of person who will handle payroll: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Is this community service related? YES NO  
 Signature of person authorizing employment or rejection: \_\_\_\_\_  
 Date: \_\_\_\_\_

This section is to be completed by the Work-Study Monitoring Office.

Reimbursement is authorized beginning \_\_\_\_\_.  
 The student may work a maximum of \_\_\_\_\_ hours per week.  
 Work-study earnings may not exceed \$ \_\_\_\_\_.  
 \_\_\_\_\_ Work-Study Monitoring Office representative

Note: This work-study award is only valid for the time period indicated. Another employment notification and acknowledgement form must be processed through the Office of Financial Aid if work is to continue into another award period (Academic Year into Summer or vice-versa). Otherwise reimbursement will not occur.