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Federal Work Study Student Approval Form

Please be advised that students will be limited to working a maximum of 15 hours (\$11/hour), must fulfill SAP requirements, and must be registered for at least 6 or more credits at the start of the position.

STUDENT INFORMATION

Name: _____ Student ID Number: _____

WORK STUDY POSITION

Requestor/Supervisor: _____

Department: _____ Room Number: _____

Student Title: _____ Desired Start Date: _____

Please give a description of the work the student will be doing: _____

Will the student be exposed to confidential information? Yes No

ANTICIPATED WORK SCHEDULE*

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Total Hours: _____

**Students are not to exceed 15hrs/week. (Permission to exceed 15hrs/week may only be granted by the VP of Human Resources)*

How long do you anticipate needing work study assistance?

One Day One Month Entire Semester Indefinitely Project/Event

Department Head: _____ Date: _____

VP of Human Resources: _____ Date: _____