Fall/Spring

Return to the Financial Aid Office

Undergraduate Student

Employment Authorization and Contract

STUID # FIRST NAME MIDDLE NAME LAST NAME

BIRTHDATE LOCAL ADDRESS (Street, City, Zip) LOCAL PHONE

EMPLOYING DEPARTMENT JOB TITLE STUDENT Email Address

Have you worked at Western before?

- ❑ **Yes**. **Complete work-study contract with employer and return to the financial aid office.**
- ❑ **No. First-time WSCU student-employees must file new hire documentation BEFORE start date or the contract is null and void.**

FINANCIAL AID AWARD:

I understand that the authorized amount to be earned is the maximum gross amount that I may earn for the period indicated. Employment is accepted with the terms and conditions as contained herein.

STUDENT ELIGIBILITY:

This student is eligible to work for a MAXIMUM amount of $_____under the following program:

Institutional Work Study

_____TO May 9, 2014_____AT $ _____PER HOUR

Start Date End Date

By signing this contract I understand that my allotment of work study funds will be shared between all work study jobs I acquire. Failure to monitor my funding properly may result in the use of department funds and therefore, possible termination of employment. I understand that I cannot work more than 20 hours a week when classes are in session.

STUDENT SIGNATURE DATE

TO BE COMPLETED BY EMPLOYER:

DESCRIPTION OF DUTIES: _____

Students and their employers are responsible for tracking a student's earnings. Departments with students that earn over their allotted amount will be charged. Please keep in mind a student may have more than one work study job and the allotted funds will be spilt between departments. Students may not work more than 20 hours a week when classes are in session; 40 hours a week over breaks. Please refer to the Work-Study Handbook for more information.

Departmental Index Code to charge if an overage occurs_____(Banner)

Supervisor's Signature Date Phone Fax

Department Head Signature Phone