

Carl Albert State College

Request For: Student Work-Study and Payroll Authorization

Are you requesting a **Federal** Work-Study student: ___ Yes ___ No

Are you requesting an **Institutional** Work-Study student: ___ Yes ___ No

Person requesting a student work-study: _____

Department assigned to: _____ Dept. # _____

Maximum **Federal** hours student will work per week: _____

Maximum **Institutional** hours student will work per week: _____

Not to exceed a combined total of 20 hours per week.

Rate of pay: \$ _____ per hour (NO Fringe Benefits)

Will the student be paid out of Auxiliary Funds: ___ Yes ___ NO

Out of what fund will the student be paid: _____

DO NOT start student work until request has been approved by the Work Study Coordinator, and required employment paperwork has been completed!

Student must stop working when allocated funds have been exhausted.

Desired date for student to start working. _____

Name of prospective work-study: _____

Social Security #: _____

Class hours currently enrolled in: _____

Is prospective student an **international student**: ___ Yes ___ No

Termination

Effective Date of Termination: _____

Name of student: _____

Dept: _____

As the supervisor and as the department head, we, the undersigned, assume responsibility to ensure this student is working the appropriate hours and that the annual allotment is not being exceeded. We understand that should the allotment be exceeded the department will be responsible for any funds owed to the student.

Supervisor's Signature

Date

Department Head Signature

Date

Financial Aid Counselor/WS Coordinator

Date

President

Date

01-2013