Summer II 2021 – Federal Work-Study Authorization Form (04 workers)

Summer term consists of Summer II (June 29 to August 6). Both 20-21 & 21-22 FAFSAs (and other requested financial aid forms) must be complete before Summer Federal Work-Study can be awarded.

Returning 04 student employees: Take this form to your supervisor, have it signed and returned to the Career Center.

New 04 student employees: To search for job openings, new student applicants must first visit the Campus Employment webpage at ulm.edu/careercenter/campus-employment/. To review a listing of available campus jobs, click the “On Campus (Work-Study) Job Listings” link. It is your responsibility to schedule an interview with the supervisor for that position. During the interview, you must present this form. If you are hired for the position, your new supervisor must sign this authorization form and return it to the ULM Career Center. To be paid for your work time, you must complete and return your new hire paperwork to Human Resources on the date of hire.

Supervisors: No student will be allowed to start work until his/her authorization form has been signed and submitted to the Student Employment Coordinator. Any student working without their authorization form processed by the Student Employment Coordinator will be paid from the hiring department's budget (03 funds). Be sure that the Job Title matches the job title on the Federal Work-Study Job Description & Posting Form. If the hourly rate is more than minimum pay assigned to this position, attach a Pay-Rate Increase Justification Form.

All work-study recipients will have at least one week to find a campus job. If you have not found employment by this time or you were unable to work during the current semester, your work-study award will be canceled.

STUDENT NAME: ________________________________  CWID: __________________

To be completed by supervisor of Hiring Department:

Term(s) of employment (Check all that apply): Summer II (June 29 to August 6)

Job Title: ________________________________  Hourly Rate: _________________

Does this position qualify as a Community Service position?  Yes  No

Supervisor Signature: ________________________________  Date: ________________

Supervisor Name (Print): ________________________________  Phone: __________________

Department: ________________________________  Department #: __________________

STUDENT EMPLOYMENT COORDINATOR USE ONLY

20-21 FAFSA:  ☐ Yes  ☐ No  20-21 FAFSA:  ☐ Yes  ☐ No  20-21 Need: ________________  Fall20 SAP Code: ________________

Add'l req done?  ☐ Yes  ☐ No  20-21 Need: ________________  Spr21 SAP Code: ________________

21-22 FAFSA:  ☐ Yes  ☐ No

Add'l req done?  ☐ Yes  ☐ No

Sum Hrs: _____ Standard  ☐ Repeat

Class: ☐ UG  ☐ Gr  ☐ Pharm  FWS Award: $ __________

Residency: ☐ In-state  ☐ OOS  FWSS Award: $ __________

Sum Housing: ☐ On  ☐ Off  ☐ Home

Sum COA: $ __________________  Initial: ________________  Date: ________________