Summer 2020 – Federal Work-Study Authorization Form (04 workers)

Summer term consists of Summer I (May 16 to June 26), and Summer II (June 27 to August 07). Both 19-20 & 20-21 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 Financial Aid Services.

New 04 student employees: To search for job openings, new student applicants must first visit the Campus Employment website at www.ulm.edu/studentjobs. 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 Office of Financial Aid Services. 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 Financial Aid Services. Any student working without their authorization form processed by Financial Aid Services 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 cancelled.

STUDENT NAME: ________________________________ CWID: ________________

To be completed by supervisor of Hiring Department:

Term(s) of employment (Check all that apply): Summer I (May 16 to June 26) Summer II (June 27 to August 07)

Job Title: __________________________________________ Hourly Rate: __________________

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

Supervisor Signature: ________________________________ Date: __________________

Supervisor Name (Print): _____________________________ Phone: __________________

Department: ________________________________ Department #: __________________

CAMPUS EMPLOYMENT COORDINATOR USE ONLY

19-20 FAFSA? □ Yes □ No Add’l req done? □ Yes □ No 19-20 Need: __________ Fall19 SAP Code: __________
20-21 FAFSA? □ Yes □ No Add’l req done? □ Yes □ No 20-21 Need: __________ Spr20 SAP Code: __________

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: ________________