



# Federal Work-Study Program Authorization Form

## A. Student Information:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
UHC ID

## B. Employment Information

**Federal Work Study Awarded:** \_\_\_\_\_

**Name of Department:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Wage Rate/hour: \$** \_\_\_\_\_

*(Please attach a job description for the Job Title listed above. This form must be submitted to the Office of Financial Aid before employment begins. Both the student and supervisor should retain copies of this form for their records.)*

## C. Student Certification

I agree to accept employment in the department named above for the wage stated. I understand that I will be expected to perform my duties in a responsible manner to comply with the requirements of the job and the instructions from my supervisor. I further understand that my employment is contingent upon satisfactory job performance, and that I may be removed from my position and from the Federal Work-Study Program if I do not meet the minimum standards. I will accurately record my work hours and will maintain a record of my earnings in order not to exceed my limit.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## D. Supervisor Certification

I agree to hire the above named student for the wage stated and under the conditions described above. I will supervise the work performed, and I will be responsible for approving the Work-Study employee time record for the Office of Finance. I understand that students may not be paid beyond their earnings limit, which may be changed from the amount above by the Office of Financial Aid. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures of the Federal Work-Study Program. I further understand that any violation of those procedures may jeopardize this department's participation in the program.

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Return form to:

Office of Financial Aid, University of Holy Cross  
4123 Woodland Dr.  
New Orleans, LA 70131

-Or-

**FAX:** (504) 394-1237

**E-Mail:** [FinAid@uhcno.edu](mailto:FinAid@uhcno.edu)

For instructions on how to securely submit this form electronically, please visit <http://olhcc.edu/finaid/>