

Request For: Student Work-Study and Payroll Authorization

No student may begin working until this request has been approved by the appropriate Work-Study Coordinator *and* all required employment paperwork has been completed.

Request

Type of Work-Study being requested:	<input type="checkbox"/> Federal	<input type="checkbox"/> Institutional
Campus/Location:	<input type="checkbox"/> Poteau	<input type="checkbox"/> Sallisaw <input type="checkbox"/> Off Campus
Department (Dept. #):		
Supervisor Name:		Supervisor Email:
Student Name:		Student ID#:
Is this student an international student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Email:
Desired Hours per Week:	Must not exceed a combined total of 20 hours per week. @student.carlalbert.edu	
Federal:		Desired Start Date:
Institutional:		
Rate of Pay: \$	_____ per hour (no fringe benefits)	

Approved Hours per Week:	Students must stop working when allocated hours/funds have been exhausted.	
Federal:		
	FWS Coordinator Signature	Date
Institutional:		
	IWS Coordinator Signature	Date

Termination

Type of Work-Study being terminated:	<input type="checkbox"/> Federal	<input type="checkbox"/> Institutional	Effective:
Campus/Location:	<input type="checkbox"/> Poteau	<input type="checkbox"/> Sallisaw <input type="checkbox"/> Off Campus	Date
Department (Dept. #):			
Student Name:		Student ID#:	

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 Signature Date

Department Head Signature Date

President Signature Date