

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 Section

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		
Desired Hours per Week: Must not exceed a combined total of 20 hours per week.		Student Email: _____@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 Section

Type of Work-Study being terminated: <input type="checkbox"/> Federal <input type="checkbox"/> Institutional			Effective Date: _____
Campus/Location: <input type="checkbox"/> Poteau <input type="checkbox"/> Sallisaw <input type="checkbox"/> Off Campus			
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**