



**FEDERAL WORK-STUDY PROGRAM  
EMPLOYMENT AUTHORIZATION FORM  
FOR THE ACADEMIC YEAR 2018-2019**

**Instruction For Students:**

- 1) Student will complete part I of this form.
- 2) Your potential supervisor will complete part II of this form.
- 3) The office of Student Financial Aid Assistance will determine the appropriate eligibility award of the student.
- 4) Please be aware that failure to comply with any of the above requirements may result in potential loss of your Federal Work-Study Grant.

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**Part I-Student**

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

\_\_\_\_\_  
Student's ID

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Mobile

Major Course of Study \_\_\_\_\_

Is this the first time you applied for Federal Work-Study at HCCC? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in working Off-Campus in a community service position?

**Please check one**

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

As a student employee and recipient working under the Federal Work-Study Program students agree to the following conditions:

- 1) I can work up to 20 hours per week.
- 2) I cannot work during scheduled class time.
- 3) I have read and received a copy of the Federal Work-Study Program Student Handbook.

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

\_\_\_\_\_  
**Date**

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**Part II-Supervisor**

**Supervisors**

I have hired the above individual as federal work-study student for the academic year 2018-2019.

Please check one: Yes \_\_\_\_\_ No \_\_\_\_\_

Please specify the department location: \_\_\_\_\_

Name of the Supervisor in charge (Print): \_\_\_\_\_

Alternate Supervisor (Print): \_\_\_\_\_

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Department Name**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail Address**

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**Part III-Office of Student Financial Aid Assistance**

The student named above is authorized to be employee under the Federal Work-Study Program at HCCC during 2018-2019 academic year. The student has been awarded the amount of \$ \_\_\_\_\_ in Federal Work-Study funds by the Office of Student Financial Assistance as part of the student financial aid package for 2018-2019.

\_\_\_\_\_  
**Fall 2018**

\_\_\_\_\_  
**Spring 2019**

The effective date for the student to begin his/her FWS assignment is

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Financial Aid Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Hourly Rate**

Please be aware that this form is valid only when signed by the Office of Student Financial Aid Assistance, the Supervisor, and the Student.