



**Federal Work-Study Program
Payroll Information Form**

School: HUDSON COUNTY COMMUNITY COLLEGE

Effective Date: _____

Student Name: _____

Student ID: _____

Reason for change (Please check any applicable items)

- New Hire
- Re-hire
- Change in Total Award
- Rate Change
- Termination

Other (Corrections :) _____

New Hire: _____

Address: _____

Hire Date: _____ W-4 Copies SEE ATTACHED

Department Name: _____

Department Location: _____

Total Award for Fiscal Year: _____ Wage Per Hour: _____

Continuing Student-Change in Payroll Records

Change of Address: _____

New Department Name: _____

Total Award for Fiscal Year: _____ Old Wage: _____ New Wage: _____

Authorized FWS Signature

Date



FEDERAL WORK-STUDY AUTHORIZATION

The student named below is authorized to be employed as student employee under the Federal Work-Study Program at HCCC during 2018-2019 academic year. This form is valid **only** when signed by the Office of Student Financial Aid Assistance, the Student and the Employer. The Office of Financial Aid Assistance reserves the right to adjust earnings limits if the students circumstances change.

OFFERED FWS AWARD YR 2018-2019: _____

Financial Aid Officer **Date**

TO BE COMPLETED BY THE STUDENT (PLEASE PRINT)

I have received a copy of the Federal Work-Study regulations from HCCC and I agree to abide by them. I am not currently on any other payroll other than the Federal Work-Study Program.

Citizen Status: **U.S Citizen:** _____ **Permanent Resident:** _____ **Other:** _____

Student's Address: _____

Phone: _____ Student's Signature: _____ Date: _____

TO BE COMPLETED BY THE OFFICE OF FINANCIAL ASSISTANCE (Please Print)

Phone: _____ Supervisor: _____

Starting Date: _____ Ending Date: 06/2019

Hourly Rate: \$ _____ Hours per Week: 15 to 20 hours per week Student's Schedule: on File

Please Circle items applicable:

Job Description: **Support Staff/Clerical, Technical, Tutoring/Classroom Assistance, Customer Service and other.**

The department wishes to hire the above named student. We understand that his/her total earnings while on The Federal Work-Study Program may not exceed The "Award Amount" figure listed above.

Authorized FWS Signature **Date**