

FEDERAL WORK-STUDY PROGRAM EMPLOYMENT AUTHORIZATION FORM FOR THE ACADEMIC YEAR 2019-2020

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.

	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? YesNo
Would you be interested in working	Off-Campus in a community service position?
Please check one As a student employee and recipie students agree to the following con	Yes No ent working under the Federal Work-Study Program ditions:
 I can work up to 20 hours per w I cannot work during scheduled I have read and received a copy Handbook. 	
Student's Signature	

*******	*******	*******	***********	********

Part II-Supervisor

Supervisors

I have hired the about 2020.	ove individual as federa	I work-study student for	the academic year 2019-
Please check one:	Yes	No	
Please specify the	department location:		
Name of the Superv	visor in charge (Print): _		
Alternate Superviso	r (Print):		
Supervisor	Signature	Department N	lame
Phone	Date	E-mail	Address
******	********	*********	******
	Part III-Office of Stu	dent Financial Aid Ass	sistance
at HCCC during 20 s	19-2020 academic year	The student has been unds by the Office of St	Federal Work-Study Program awarded the amount of udent Financial Assistance
Fall 2019		Spring 2020	
The effective date for	or the student to begin	his/her FWS assignmen	t is
Authorized Financ	ial 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.