

Federal Work-Study Program Payroll Information Form

School:	HUDSON COUNT	TY COMMUNITY COI	<u>LLEGE</u>
Effective Date:			
Student Name:			
Student ID:	·**************	******	*******
		ny applicable items)	
	New Hire	_	
	Re-hire		
	Change in Total Aw	ard	
	Rate Change		
	Termination		
Other (Correction	ons:)		********
New Hire:		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Address:			
Hire Date:	· · · · · · · · · · · · · · · · · · ·	W-4 Copies <u>SEE</u>	<u>ATTACHED</u>
Department Na	me:		
Department Loc	cation:		
Total Award fo	r Fiscal Year:	Wage P	'er Hour:***************************
Continuing Stu	ident-Change in Pay	roll Records	
Change of Add	ress:		
New Departmen	nt Name:		
Total Award fo	r Fiscal Year:	Old Wage:	New Wage:
Authorized 1	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 2019-2020 academic year. This form is valid <u>only</u> 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.

circumstances change. OFFERED FWS AWARD YR	2019-2020:	
Financial Aid Officer ************************************		*********
TO BE COMP	LETED BY THE STUDET (PI	LEASE PRINT)
I have received a copy of the Fed them. I am not currently on any		om HCCC and I agree to abide by eral Work-Study Program.
Citizen Status: U.S Citizen:	Permanent Resident:	Other:
Student's Address:		
Phone: Stude ************************************	ent's Signature: ************************************	
Phone:		
Starting Date:	Ending Date:06/	2020
Hourly Rate: \$ Hours pe	er Week: 15 to 20 hours per week	Student's Schedule: on File
Please Circle items applicable:		
Job Description: Support Staff/ Service and other.	Clerical, Technical, Tutoring/C	lassroom Assistance, Customer
		Ve understand that his/her total t exceed The "Award Amount"
Authorized FWS Signature	<u> </u>	Date