

Carl Albert State College

Request For: Student Work-Study and Payroll Authorization

Are you requesting a **Federal** Work-Study student: ___ Yes ___ No

Are you requesting an **Institutional** Work-Study student: ___ Yes ___ No

Person requesting a student work-study: _____

Department assigned to: _____ Dept. # _____

Maximum **Federal** hours student will work per week: _____

Maximum **Institutional** hours student will work per week: _____

Not to exceed a combined total of 20 hours per week.

Rate of pay: _____ per hour (NO Fringe Benefits)

Will the student be paid out of Auxiliary Funds: ___ Yes ___ NO

Out of what fund will the student be paid: _____

DO NOT start student work until request has been approved by the President.

Student must stop working when allocated funds have been exhausted.

_____ **Date for student to start working.**

Name of perspective work-study: _____

Social Security #: _____ Class hours currently enrolled in: _____

Is prospective student an **international student**: ___ Yes ___ No

Check if Termination ___ **and List Effective Date of Termination:** _____

Supervisor's Signature

Date

Department Head Signature

Date

Jaclyn Riley, Financial Aid Counselor/WS Coordinator

Date

CASC President

Date