

# Carl Albert State College

## Request For: Student Work-Study and Payroll Authorization

Campus in which you are requesting a Work-Study student: \_\_\_\_\_ Poteau \_\_\_\_\_ Sallisaw

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

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

Employee requesting a student work-study: \_\_\_\_\_

Department assigned to: \_\_\_\_\_ Dept. # \_\_\_\_\_

Maximum **Federal** hours student will work per week: \_\_\_\_\_

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

Maximum **Institutional** hours student will work per week: \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ per hour (NO Fringe Benefits)

*DO NOT start student work until request has been approved by the Work Study Coordinator, and required employment paperwork has been completed!*

Student must stop working when allocated funds have been exhausted.

Desired date for student to start working: \_\_\_\_\_

Name of prospective work-study: \_\_\_\_\_

Student ID #: \_\_\_\_\_ and Student Email: \_\_\_\_\_

Is prospective student an **international student**: \_\_\_\_\_ Yes \_\_\_\_\_ No

<input type="checkbox"/> Termination	Effective Date of Termination: <input type="text"/>
Name of student: <input type="text"/>	Dept: <input type="text"/>
Student ID #: <input type="text"/>	Federal: _____ Institutional: _____

As the supervisor and as the department head, we, the undersigned, assume responsibility to ensure this student is working the appropriate hours and that the annual allotment is not being exceeded. We understand that should the allotment be exceeded the department will be responsible for any funds owed to the student.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work-Study Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Date