

Return this form to:
 Office of Financial Aid
 For Federal Work-Study
 Business Office
 For Institutional Work-Study

Request For: Student Work-Study and Payroll Authorization

No student may begin working until this request has been approved by the appropriate Work-Study Coordinator *and* all required employment paperwork has been completed.

Request

Type of Work-Study being requested: Federal Institutional

Campus/Location: Poteau Sallisaw Off Campus

Department (Dept. #): _____

Supervisor Name: _____ **Supervisor Email:** _____

Student Name: _____ **Student ID#:** _____

Is this student an international student? Yes No **Student Email:** _____
 @student.carlalbert.edu

Desired Hours per Week: Must not exceed a combined total of 20 hours per week.

Federal: 0 **Desired Start Date:** _____

Institutional: 0

Rate of Pay: \$ 9.00 per hour (no fringe benefits)

Approved Hours per Week: Students must stop working when allocated hours/funds have been exhausted.

Federal: _____ **FWS Coordinator Signature** _____ **Date** _____

Institutional: _____ **IWS Coordinator Signature** _____ **Date** _____

Termination

Type of Work-Study being terminated: Federal Institutional **Effective:** _____
 Date

Campus/Location: Poteau Sallisaw Off Campus

Department (Dept. #): _____

Student Name: _____ **Student ID#:** _____

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 Signature **Date**

Department Head Signature **Date**

President Signature **Date**