

# On Campus Workstudy Employee Referral Form

**EMPLOYEE INFORMATION**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ SID: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF AID**

\_\_\_\_\_ Federal Work Study (008)                      \_\_\_\_\_ Federal Read Program (015)

\_\_\_\_\_ Federal Community Service (068)                      \_\_\_\_\_ State Work Study (010)

**WORKSTUDY AWARD**

**Hourly Wage \$:** \_\_\_\_\_ **Average Hours/Week:** \_\_\_\_\_ (*maximum 19hrs/week*)

SUMMER                      Begin Date: \_\_\_\_\_                      End Date: \_\_\_\_\_                      Amount \$ \_\_\_\_\_

FALL                      Begin Date: \_\_\_\_\_                      End Date: \_\_\_\_\_                      Amount \$ \_\_\_\_\_

WINTER                      Begin Date: \_\_\_\_\_                      End Date: \_\_\_\_\_                      Amount \$ \_\_\_\_\_

SPRING                      Begin Date: \_\_\_\_\_                      End Date: \_\_\_\_\_                      Amount \$ \_\_\_\_\_

*The gross wages on workstudy this student may earn including employment during the school breaks **cannot exceed** \$ \_\_\_\_\_ for the quarters listed above.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DEPARTMENT INFORMATION**

Applicant Hired \_\_\_\_\_ Yes \_\_\_\_\_ No    Dept Contact: \_\_\_\_\_ Ext: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department/Program: \_\_\_\_\_

Position Supervisor: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Is this program self-supporting? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**If the program is self-supporting, provide the program 10 digit budget #:** \_\_\_\_\_

COPIES: White/Yellow – Financial Aid, Pink – Supervisor, Goldenrod - Student