



Institutional Work Study Application

Student Information:

Student Name: _____

Student ID: _____

Phone Number: _____

Email: _____

Supervisor Must Complete the Following:

New Student Returning Student

Dates of Employment: _____ to _____

Hours per Week: _____ Pay Rate: _____

Supervisor Phone Number: _____ Department: _____

GL(Budget)#: _____

Supervisor Name (Print): _____ Date: _____

To be completed by Supervisor only:

- Fall 2020 (August 24, 2020 - December 5, 2020)
 Spring 2021 (January 18, 2021 - May 14, 2021)
 Summer 1 (May 24, 2021 - June 30, 2021)
 Summer 2 (July 1, 2021 - August 20, 2021)

Supervisor Signature: _____ Date: _____

Student Must Sign Below:

I understand that:

- I must complete all other employment paperwork prior to the start of work.
- The maximum work hours per week allotted is 29 hours.
- It is my responsibility to submit my timecard in accordance with the pay-period schedule. Failure to do so may result in loss of wages.
- I must be registered as a full-time undergraduate student.
- Employment will not begin until all paperwork is approved and submitted to Human Resources.

Signature: _____ Date: _____