



# Federal Work Study Student Employment Confirmation

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_ Banner ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Position Title: \_\_\_\_\_ Range: \_\_\_\_\_ Rate: \_\_\_\_\_

(Click here for the Short-Term/Temporary and Student Salary Schedule)

Preferred Start Date: \_\_\_\_\_ Preferred End Date: \_\_\_\_\_

*I have read and agree to these terms and conditions.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### Account String(s)

Fund	Org	Acct	Program	Act	%

Budget Correction (if needed):

Budget approval:

**Required Documents:**                      Application                      Job Description                      FWS Referral

### Managers

I have read and verified all of the information provided on this document and I understand that the employee is not cleared to work until Human Resources has provided authorization.

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Director of Financial Aid's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initiator's Signature

\_\_\_\_\_  
Financial Aid Specialist's Signature