



Federal Work Study Student Employment Authorization Form

Notice to Student: Please be advised that this form must be completed, in its entirety, before you will be authorized to work or receive a paycheck. Your work study earnings will not be applied to your bill.

You must stop working when your total dollar award has been earned.

Section I: The student completes this section of this form.

Section II: Department that hires you completes this section.

Section III: Financial Aid Representative completes this section and student must sign.

Section IV: Human Resources Representative signs and instructs student as to other necessary steps.

Section I To be completed by student

NCC ID# Student's First Middle Last Name

Street Address City State Zip Code

Cell#: Home #:

Section II To be completed by department that hires student

The above named student will be employed in the _____ department effective _____ as a Federal Work Study Student. Dept. Code: _____

By signing below I/we understand that FWS students cannot exceed 39 hours per pay period and student may work until allocated amount has been exhausted or student no longer meets the requirements.

Supervisor's Signature Date Ext# NCC email

Dept. Chair's Signature Date Ext# NCC email

Section III To be completed by Financial Aid Representative (3RD FL Tower Bldg.)

The above mentioned student is hereby authorized to work under the Federal Work Study Program for the _____ academic year. At the rate of _____/per hour.

Student Signature Date Financial Aid Representative Date

Section IV To be completed by Human Resources Representative (7th FL Tower Bldg.)

Human Resources Representative signature Date

A completed copy of this form MUST BE RETURNED to the Office of Financial Aid in order to complete the award process of Federal Work Study funds.

OFFICE OF FINANCIAL AID 1 EDUCATION DRIVE, GARDEN CITY, NY 11530 TEL 516- 572- 7396 FAX 516-572--7642