



Federal Work-Study (FWS) Placement Forms

Enclosed you will find:

1. Federal Work-Study Class/Work Schedule
2. Federal Work-Study Program: Student Earnings Record
3. Federal Work-Study Placement Worksheet
4. Federal Work Study Program Guidelines

*The forms can be filled prior printing. Click the field to fill-in.

Item # 1 & 2 must be kept for two years by the hiring division or department.

Item # 3 & 4 must be returned to the Student Employment Office.

Student Class/Work Schedule:

Supervisor must be aware of the student's class and work schedule to ensure that no conflict exists between them. Work completed during class time must be documented on the student's timecard with the supervisor's initials next to the specific date. Students who report hours worked during scheduled class periods without documentation will be terminated from the Federal Work-Study Program.

Student Earnings Record:

The student's supervisor is responsible for tracking the student's work-study award balance. The Student Earnings Record should be used by the supervisor to document the amount of hours the student worked for every pay period and the work-study award remaining after each pay period. Payments made to the student in excess of the amount awarded must be reimbursed by the hiring division or department to the work-study account.

If you have any questions, please call us at ext. 7-3518.

Federal Work/Study Program – Earnings Record Summer 2007

Students and their supervisors must keep track of the hours worked and earnings to ensure that students do not earn more than their awarded amount. Payment made to the student in excess of the amount awarded must be reimbursed by the hiring division or department to the work/study account.

Name: _____ SSN: _____

Department: _____

Hours per week (from contract): _____ Hourly Rate: _____

Amount Awarded: Summer: _____

Pay #	Pay Period Ending Date	Paydate	Biweekly Hours Worked	Gross Amount Earned	Money Earned To Date
11	5/18/2007	5/25/2007			
12	6/1/2007	6/8/2007			
13	6/15/2007	6/22/2007			
14	6/29/2007	7/6/2007			
15	7/13/2007	7/20/2007			
16	7/27/2007	8/3/2007			
17	8/10/2007	8/17/2007			

FEDERAL WORK-STUDY CLASS/WORK SCHEDULE

1. Have the student fill in class schedule before determining their work schedule.
2. Any exceptions to the prearranged work schedule, for any reason, **MUST BE DOCUMENTED on the front of the timecard** and **MUST BE INITIALED by the supervisor on the time card during the pay period affected by this occurrence.**
3. **For auditing purposes, please retain this schedule for a period of two years.**

STUDENT'S NAME _____ SS# _____ TERM _____

DEPARTMENT _____ SUPERVISOR _____

CLASS SCHEDULE

WORK SCHEDULE

MON	TUE	WED	THUR	FRI		MON	TUE	WED	THUR	FRI
					8:00 - 8:30					
					8:30 - 9:00					
					9:00 - 9:30					
					9:30 - 10:00					
					10:00 - 10:30					
					10:30 - 11:00					
					11:00 - 11:30					
					11:30 - 12:00					
					12:00 - 12:30					
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					1:30 - 2:00					
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					3:00 - 3:30					
					3:30 - 4:00					
					4:00 - 4:30					
					4:30 - 5:00					

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*This form cannot be filled on Adobe Acrobat as the student has to fill in.



FEDERAL WORK STUDY PLACEMENT WORKSHEET

STUDENT NAME: _____

PHONE #: _____

STUDENT EMAIL: _____

S.S. #: _____

DEPARTMENT: _____

SUPERVISOR: _____

SUPERVISOR EMAIL: _____ SUPERVISOR EXT: _____

BLDG #, ROOM # _____

TIMEKEEPING ORG: _____

HOME ORG: _____

START DATE: _____ SALARY: _____ (PER HOUR)

- **WORK SCHEDULE LIMITATIONS:**

Student employees may NOT work over 20 hours per week without the permission from his/her advisor or the Graduate Student Office if a graduate student.

Federal Work Study students may NOT work over 64 hours bi-weekly, for either one department or a combination of departments without the permission of the Office of Student Financial Aid.

Any student who works over 64 hours for 5 consecutive weeks is liable for Social Security and Medicare taxes. Federal Work Study funds may NOT be used to pay the employer's contribution to these taxes. These matching funds must be paid by each individual department and a departmental index must be provided.

- **NOTE TO DEPARTMENT:** Students MUST complete a Summer Financial Aid Application the first week in February AND be enrolled at least half time in the summer if they would like to work during the summer semester.

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STUDENT EMPLOYMENT USE ONLY

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	FALL	SPRING	SUMMER
AWARD:	\$ _____	\$ _____	\$ _____

INDEX NO: _____

FEDERAL WORK STUDY PROGRAM GUIDELINES

1. You will be assigned to a permanent staff member. This person will act as your supervisor and you will report to them each time that you come to work.
2. Once your work schedule has been established, please report on time and work the full schedule. If you are ill or unable to come in to work you must notify your immediate supervisor prior to your scheduled work hours.
3. Discuss problems with your supervisor. If the problem cannot be resolved, the supervisor and student should report it to the Assistant Director of the Student Employment Office to request a transfer for the student to another position.
4. Your supervisor will have a time card for you. Please sign in and out each time you work. Make sure that exceptions to the prearranged work schedule are properly documented by the supervisor on the front of the time card.
5. Telephone or e-mails are not to be used for personal use.
6. Meals are to be eaten elsewhere on your own time unless stated otherwise by the immediate supervisor.
7. If you arrive early, please consider yourself ready to begin work.
8. Upon completing your work for the day, please inform your supervisor of the status of your project and straighten up your area.
9. If you finish a project before your work time is up, please check with your supervisor for new assignments.
10. Please remember to use appropriate office language at all times.
11. Please limit personal conversations between yourself, staff members and students coming into the office.
12. Proper office attire is required at all time.

THANK YOU FOR YOUR COOPERATION IN FOLLOWING THESE GUIDELINES!

CONFIDENTIAL INFORMATION

All information seen or heard in this office is to be confidential and cannot be discussed outside of the office. Information concerning individual students and applicants **must not** be released without written permission from the student. This includes telephone inquiries. Only information about a student that is considered "directory" by the institution can be released.

I have read and agree to abide by the above and understand that violation of this agreement will be documented, and could lead to the termination of my employment.

Student's Signature

Supervisor's Signature

Print Name

Date

Print Name

Date

cc: Hiring Department

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