



Federal Work-Study Employment Authorization Form

Aid year: _____

Student's Name: _____ Student's ID Number: _____

AVC Email: _____ Phone Number: _____

*Student must complete all required signature **BEFORE** employment may begin.*

Student Section:

The student signs below to accept the position and returns the form of Financial Aid Office.

I agree to accept employment in the position. I understand my employment is contingent upon my maintaining:

1. Financial eligibility; appropriate enrollment status, and satisfactory academic progress.
2. The appropriate work schedule (*Cannot work during class times; cannot work more than 20 hours a week*)
3. A quality of work that meets the expectations of my supervisor.
4. An accurate report of hours worked, signed by my supervisor and myself. (*Submitted monthly*)

Student's Name (print): _____ Signature: _____ Date: _____

Job Placement Center Section:

A Job Placement Center representative signs below that all paperwork required by the JPC has been completed.

Approximate Employment Dates: *Start: _____ End: _____

* Start date of work will be determined by the Payroll Coordinator, but no earlier than the start date listed here.

JPC Name (print): _____ JPC Signature: _____ Date: _____

Supervisor Section:

In accordance with federal regulation, I agree to supervise and monitor the student's performance. By signing the student's timesheet, I am certifying that the work performed was in a satisfactory manner.

My signature below authorizes that if the students exceeds the FWS Awarded amount the department will be responsible for additional funding. (Department CMS/Administrator signature only)

Department Name: _____ CMS/Administrator Name: _____

CMS/Administrator Signature: _____ Date: _____

CMS/Administrator Email and Phone Number: _____

Return completed electronic form to the Financial Aid Office by emailing it to financial_aid@avc.edu from your AVC email. Subject line: FWS, Students 900#, and Last name.

Financial Aid Office Use Only

Term: ___ Fall ___ Spring ___ Summer ___ **NOT ELIGIBLE FOR FEDERAL WORK-STUDY**

Pay Rate \$: _____

US Citizen: ___ yes ___ no

Average hours per week: _____

6 units: ___ yes ___ no

Number of weeks: _____

SAP: ___ yes ___ no

Award Amount: _____

FAO Signature: _____ **FAO Printed Name:** _____ **Date:** _____

EPAF Complete Date: _____ **FAO Director Signature:** _____

Term: ___ Fall ___ Spring ___ Summer ___ **NOT ELIGIBLE FOR FEDERAL WORK-STUDY**

Pay Rate \$: _____

US Citizen: ___ yes ___ no

Average hours per week: _____

6 units: ___ yes ___ no

Number of weeks: _____

SAP: ___ yes ___ no

Award Amount: _____

FAO Signature: _____ **FAO Printed Name:** _____ **Date:** _____

EPAF Complete Date: _____ **FAO Director Signature:** _____

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FAO Signature: _____ **FAO Printed Name:** _____ **Date:** _____

EPAF Complete Date: _____ **FAO Director Signature:** _____