

**FEDERAL WORK STUDY PROGRAM
STUDENT/EMPLOYER ACKNOWLEDGMENTS**

Date: _____

STUDENT INFORMATION

Last Name _____ First Name _____ M.I. _____

EMPL. ID# _____ LAST 4 DIGITS SS# XXX-XX- _____ Cell # _____

ADDRESS _____

Residence Number Street Address APT. # City State Zip Code

I certify by my signature below that I have read and understand the rules and policies for the Federal Work-Study ("FWS") Program that I have received, and I agree to adhere to these rules and guidelines. I certify that I am a matriculated student at CUNY, currently enrolled at least half-time (six credits or more), or, if I am working in the FWS Program during the summer, will be enrolled at least half-time in the Fall semester. I am maintaining satisfactory academic progress toward my degree. I understand that if I drop below six credits, I am no longer eligible to work for the FWS Program, and I will promptly inform my supervisor if this occurs. I understand that I am not authorized to perform any hours more than my FWS award since FWS funds will not be available to pay me. I recognize that it is my responsibility to maintain records so that I will not exceed the award amount. I also understand that my work-study earnings through the FWS Program constitute taxable income that I must report on federal, state, and city tax returns. Finally, I know I cannot perform my work-study duties during class hours.

Student Signature: _____ Date: _____ Email Address: _____

SUPERVISOR INFORMATION

Dept./Agency _____ Building: _____

Agency Address: _____

Street Address Room# City State Zip Code

Supervisor Print Name _____ Tel# _____ Supervisor Email _____

Alt. Supervisor Print Name _____ Tel# _____ Alt. Sup. Email _____

I certify that I have read and understand the rules and policies for the Federal Work-Study ("FWS") Program, and I agree to adhere to these rules and guidelines. I agree to hire the student identified above for hours specified below, and I will allow the student to continue to work, provided the student performs their tasks satisfactorily until they earn the total FWS award or until the date specified below as the "Last Day of Work." I understand that if a student works more than their award allows, I will be responsible for paying the student from the funds of my department or agency. I will maintain and submit time sheets to the Federal Work Study Coordinator or their designee in the Financial Aid or other designated office by the published deadlines. I understand that federal regulations stipulate that students must receive timely payment and that incorrectly completed timesheets will be returned to me and may delay payment to the student. Finally, I understand that a student cannot work during class hours.

Supervisor Signature _____ Date: _____

Alternate Supervisor Signature _____ Date: _____

FOR OFFICE USE ONLY

Summer Fall Spring

Orientation Completed: _____ First Day to Work: _____ Last Date to Work: _____

FWS Award: \$ _____ Pay Rate \$ _____ Maximum No. of Hours: _____ Per Week

Position: _____ Prior Assignment: _____

Agency Code/Business Unit: _____ Location Code/Job Data: _____

Reassigned on: _____ Balance Remaining: \$ _____ Hours Remaining: _____

Referred by: _____ Processed by: _____ Input Date: _____ Approved by _____

