

BECKER COLLEGE
Federal Work Study
Payroll Authorization Form

New
Returner

Section 1 – Student Section

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

Student's Address: _____
Street

City State Zip Code

Paycheck is to be picked up in: Leicester Worcester

By signing below, I understand that if I am authorized to work under the Federal Work Study Program:

- I must submit this completed and signed Authorization Form and employment paperwork (I-9, W-4 and Direct Deposit Forms as applicable) to the Office of Financial Aid **before** I may begin working.
- I must use the funds for educational expenses as related to the 2017-2018 academic year.
- I cannot work more than 20 hours a week while classes are in session.
- I must monitor the amount of hours I work and funds that I earn to ensure that I do not exceed my annual award amount.
- I am responsible for having my supervisor electronically sign and submit my bi-weekly timesheet in accordance with the published due dates.

Student's signature: _____ Date: _____

Section 2 – Supervisor Section

Student's Position Title: _____

Campus Department: _____

Anticipated dates of employment: _____/_____/_____ through _____/_____/_____
Month Year Month Year

Supervisor Name: _____ Supervisor Title: _____

By signing below, I understand that if the student is authorized to work under the Federal Work Study Program:

- The student must submit this completed and signed Authorization Form and employment paperwork (I-9, W-4 and Direct Deposit Forms as applicable) to the Office of Financial Aid **before** beginning to work.
- The student may not work more than 20 hours a week while classes are in session.
- I will monitor the hours the student is working to ensure the student's earnings stay within the annual Federal Work Study award amount.
- The bi-weekly timesheet is signed and submitted electronically with hours worked in accordance with the published due dates.

Supervisor's Signature: _____ Date: _____

Section 3 – Office of Financial Aid

Eligible to work under Federal Work Study Program Yes Flipped to "A" Amount Awarded: \$_____

Student Employment Paperwork Received: I-9 W-4 Direct Deposit On file from previous year

Job Description on File on **Handshake**: Yes Email Notifications Sent: Student Supervisor

Office of Financial Aid Staff Member Signature: _____ Date: _____