Work-Study Authorization Form



Student ID #	Name (pl	ease print)		
Federal Work Study	Minnesota Work Study	Award Amount Fall \$	Spri	ing \$
Undergraduate Studer	nt Graduate Student			
Moorhead. Use this form compliance requirements	to authorize work-study fun	s, a student must be registere ds for student employment. Conization will be processed. In the list of	Once the payroll offic	e verifies this request meets
	work study funds from one se	on campus. Most jobs are po emester to another must rece		tate.joinhandshake.com/login. n from the Office of
Terms of Employment:				
 Duration: In accepting working your schedul Absence: If illness or a your usually reporting Payroll: You will be padetermined by the enapprove your eTime aperformed in a satisfa Termination: Your woof the academic year, 	ed hours in order to be paid other unforeseen circumstar is time. Unexcused absences aid at a wage rate of not less inploying department. eTime attesting the hours reported ctory manner.	commitment to your Universe. You are NOT paid to study whose prevent your attendance may jeopardize your job. than the campus minimum we sheets must be completed in for payment are the actual howhen you have earned the must withdraw from school, drop	while earning your we at work, notify you wage of \$13.00 per he a timely fashion. Yo ours worked (not studies)	ork-study funds. r supervisor in advance of our. Actual wage rate is ou and your supervisor must
study employment at MSI	JM.	realize failure to meet these	·	
Job Title	=======1О ві	E COMPLETED BY EMPLOYER Start Date	======================================	
	Cost Center	Supervisor		· · · · · · · · · · · · · · · · · · ·
Dean/VP Signature		per hour or Graduate rates of \$	Date	
Comments				
		Authorization #_		
	Obj Code	Date Entered		