



2020-2021 UNTHSC WORK-STUDY VERIFICATION FORM

I. *Completed by the student*

Name: _____ Student ID#: _____

1. Will you be graduating this year? _____

2. Will you have more than one work study position at UNTHSC this year? _____

If no, sign below and then go to the section II. **If yes**, is it a FWS position? _____ Hours per week worked? _____ Additional hours requested: _____

I understand that completing this form and accepting a Work Study position may impact my ability to borrow loans. **I acknowledge that Work Study funds are a federal resource, and that regulation only permits me to work during hours I am not scheduled for class.**

Student Signature and Date: _____

II. *Completed by the Financial Aid Office – Student Services Building, First Floor*

Total Hours Allowed: _____
Max 19 hrs per week

Total Amount Allowed: _____
Amount used from July 1, 2020-June 30, 2021. Amount subject to change.

Employment Start Date: _____

Employment End Date: _____

Financial Aid Office _____ Date: _____

III. *Completed by Hiring Department – MUST be attached to EPAR when submitted.*

Job Name: _____ Rate/ hour: _____

Department Name: _____ Department Contact: _____

Contact Phone: _____ Signature: _____

Name of person or people to receive monthly FWS reports: _____

Financial Aid Office only: Program _____ EPAR _____ Job Description _____ On Acct _____ Excel _____