



2023-2024 UNTHSC WORK-STUDY VERIFICATION FORM

1. 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? \_\_\_\_\_
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: \_\_\_\_\_
\*typed names are not acceptable; digital or actual signatures required\*

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

Total Hours Allowed: \_\_\_\_\_ Total Amount Allowed: \_\_\_\_\_
Max 19 hrs per week Amount used from July 1, 2023 - June 30, 2024. 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: \_\_\_\_\_
\*typed names are not acceptable; digital or actual signatures required\*
Name of person or people to receive monthly FWS reports: \_\_\_\_\_

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