

2015-2016 UNTHSC WORK-STUDY VERIFICATION FORM

1. *Completed by the student*

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Will you work for another department at UNTHSC? \_\_\_\_\_

**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 and I acknowledge that Work Study funds are a federal or state resource.

**Student Signature and Date:** \_\_\_\_\_

II. *Completed by the Financial Aid FWS Coordinator – EAD Room 246*

- ☐ Student is eligible for Federal Work-Study
- ☐ Student is eligible for Texas Work-Study
- ☐ Student is not eligible for Work-Study

Total Hours Allowed: \_\_\_\_\_  
Max 19 hrs per session and 40 per non-session

Total Amount Allowed: \_\_\_\_\_  
Amount used from July 1, 2015-June 30, 2016. Amount subject to change.

Employment Start Date: \_\_\_\_\_  
Effective date on HRM cannot be prior to this date.

Employment End Date: \_\_\_\_\_

Financial Aid Office \_\_\_\_\_ Date: \_\_\_\_\_

III. *Completed by Hiring Department – Attach to EPAR when submitted.*

Job Name: \_\_\_\_\_ Rate/ hour: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Signature: \_\_\_\_\_