

2017-2018 UNTHSC WORK-STUDY VERIFICATION FORM

1. Completed by the student

Name: _____ Student ID#: _____

Will you work for another department at UNTHSC? YES _____ NO _____

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: _____ **Date:** _____

II. Completed by the Financial Aid FWS Coordinator – SSC 1st Floor

☐ Student is eligible for Federal Work-Study

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

Total Amount Allowed: _____
Amount used from July 1, 2017-June 30, 2018. Amount subject to change.

Employment Start Date: _____ Employment End Date: _____

Financial Aid Office _____ Date: _____

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

Job Name: _____ Rate/ hour: _____

Department: _____ Department Contact: _____

Contact Phone: _____ Signature: _____

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