



El Camino College District

2013-2014 Federal Work Study (FWS) Student Payroll Authorization

Instructions to Division/Hiring Supervisor

1. Complete and return this form to the Financial Aid Office for students you wish to employ through the FWS Program.
2. Verify student's program eligibility by requesting a FWS Referral/Approval Form.
3. Refer student to the Human Resources Office to complete hiring paperwork and wait to receive a copy of this form with all appropriate signatures before allowing student to work.
4. Ensure your student employee's total earnings do not exceed his/her FWS award.

Employee Information

ID# _____ Social Security Number _____ E-mail _____

Name _____ Phone No. (____) _____
(Please Print) Last First M.I.

Mailing Address: _____
Street City Zip Code

Have you worked at El Camino College before? Yes ___ No ___

Are you a U.S. citizen? Yes ___ No ___ If no, Alien Registration No. _____

Conditions of Employment: Student (please initial each statement)

___ I am enrolled in at least 6 units and plan to be enrolled in at least 6 units at El Camino College Fall 20___ Spring 20___.

___ I am being hired as a student and my enrollment status is subject to verification by the Financial Aid Office at any time.

___ I am limited to working 20 hours per week while classes are in session and no more than 8 hours per day.

___ I will complete and submit timesheets by the 19th of every month I work.

___ I will stop working once I have earned my full award.

Student's Signature _____ Date _____

Department Information

Supervisor/Contact Person _____ Dept/Agency _____
Print full name

Address (Off Campus Location only) _____
Street City zip

Phone _____ Email _____ Student Job Title _____ (required)

FWS Award amount \$ _____ Hrs/Week _____ Rate of Pay \$ _____ Pay Location _____

Dean/Director Signature (required) _____ Date _____

Print Name _____

Financial Aid Office Use Only

_____ 12-52320-00646000-7621

Financial Aid Signature _____ Approved to work on _____