Return to the Financial Aid Office  
Western State Colorado University  
Undergraduate Student Employment Authorization and Contract

<table>
<thead>
<tr>
<th>STUID #</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BIRTHDATE</th>
<th>STUDENT Email Address</th>
<th>LOCAL PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Have you worked at Western before?**
- Yes. Complete work-study contract with employer and return to the Financial Aid Office.
- No. First-time student-employees must file new hire documentation at the Financial Aid Office.

Please bring with you original documents to verify your eligibility for employment in the United States (to meet the federal I-9 requirement). Documents commonly used to satisfy the requirement include a passport, or a driver’s license and either, an original social security card or a birth certificate. You may have other documents that will work.

**FINANCIAL AID AWARD:**
I understand that the authorized amount to be earned is the maximum gross amount that I may earn for the period indicated. Employment is accepted with the terms and conditions as contained herein.

**STUDENT ELIGIBILITY:**
This student is eligible to work for a MAXIMUM amount of $________________ under the following program:

- Federal Work Study

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Amount</th>
<th>PER HOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 24^{th}</td>
<td>May 6^{th}</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

By signing this contract I understand that my allotment of work study funds will be shared between all work study jobs I acquire. Failure to monitor my funding properly may result in the use of department funds and therefore, possible termination of employment. I understand that I cannot work more than 20 hours a week when classes are in session.

**STUDENT SIGNATURE**

**DATE**

**TO BE COMPLETED BY EMPLOYER:**

Department: ___________________________  
Job Title: ___________________________

Departmental Position Number: ___________________________ (Do Not Leave Blank)

Departmental Index Code to charge if an overage occurs: ___________________________ (Do Not leave Blank)

Description of Duties: __________________________________________________

Students and their employers are responsible for tracking a student’s earnings. Departments with students that earn over their allotted amount will be charged. Please keep in mind a student may have more than one work study job and the allotted funds will be split between departments. Students may not work more than 20 hours a week when classes are in session; 40 hours a week over breaks. Please refer to the Work-Study Handbook for more information.

Supervisor’s Printed Name  
Supervisor’s Signature  
Date  
Campus Extension

Department Head Printed Name  
Department Head Signature  
Date  
Campus Extension