



Summer 2023 Federal Work-Study Form

Name _____ Student ID Number _____

To participate in the Federal Work-Study (FWS) Program, submit completed form to:

Brandee Burt, Office of Financial Aid & Scholarships Work-Study Advisor, at brandee.burt@slcc.edu.

- The completed form must be submitted **at least two days prior** to your employment start date as determined by you and your supervisor. A delay in submitting this form will result in a delay in your start date.
- Your completed form will be sent to SLCC Human Resources to complete the employment process. Once Human Resources has received this form, they will contact you by email to schedule a meeting to complete and submit the remaining required paperwork.

Your calculated Federal Work-Study earnings limit is \$_____ which may be earned for the period of _____ to _____.

Your Summer semester eligibility is \$_____.

Federal Work-Study funds are earned as you work. Federal Work-Study employees are not allowed to work during scheduled class times.

Work Schedule Day/Time:

Day	Summer Work Schedule
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Supervisors: Complete the Work Study PAF (Personnel Action Form) on Etrieve.

*****Students:** As the Federal Work-Study program is based on a calculation of financial need, any changes in your financial aid eligibility may impact your eligibility for Federal Work-Study funds. As the student, it is your responsibility to relay this information to your supervisor.

By signing this form, you (the Federal Work-Study employee) and you (the supervisor) confirm that scheduled work hours will not overlap with scheduled class time.

Student Signature _____ Date _____

Supervisor Signature _____ Date _____

Supervisor Name Printed _____

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