2015-2016 Authorization for Federal Work Study (FWS) Employment

This form serves as an authorization for you to begin working in a Federal Work-Study (FWS) position. **You may not begin working until you have signed and submitted this form to the Financial Aid Office.** You have accepted a Federal Work Study (FWS) award for the 2015-2016 academic year. As a FWS program participant, you are eligible to earn your FWS award through employment during the 15-16 award year. Your actual earnings will depend upon your hourly wage and the number of hours you work. Please note that Federal Work Study is only offered for the fall and spring semesters. The FWS program begins on the first day of classes in the fall and ends on the last day of classes in the spring.

**TO BE COMPLETED BY STUDENT AND SUPERVISOR**

Student Name: _________________________________________ McDaniel ID #: __________

**Terms and Conditions of Federal Work Study Award**

*Any student who accepts a student employee position accepts the responsibility of maintaining professional standards and agrees to the following:*

1. Must be enrolled a minimum of 6 credits at McDaniel College.
2. Must complete all payroll paperwork, including this form, **before** beginning work.
3. Must not work during scheduled class times.
4. Must monitor hours worked and gross FWS earnings in order to avoid exceeding the FWS award limit. Once the maximum award has been earned by the student, payments to the student will no longer be honored by Federal funds. Any payment made after the award has been earned will be made from the department’s budget.
5. Must acknowledge that your FWS award is subject to change should you receive any additional financial aid funds resulting in an overaward, should you fail to maintain Satisfactory Academic Progress, or should you change your housing status.

*We have read the above information and understand the terms of the Federal Work Study Program.*

**Supervisor**

In accordance with the Federal Work Study Regulations, I agree to hire, supervise, and regulate the earnings of the hired student.

___________________ Date   ________________________________ Signature

**Student**

In accordance with the Federal Work Study regulations, I accept the position and agree to monitor my earnings.

___________________ Date   ________________________________ Signature

**Supervisor’s Name** ___________________________ **Title of Federal Work Study Position** ___________________________

**Name of Department** ___________________________ **FAO Initials** ___________________________ **FWS Limit** ___________________________ **Date** ___________________________
FEDERAL WORK STUDY REMINDER

➢ If you are seeking a new job, visit the CEO website to find job openings.

➢ Once you secured a job or returned to your previous job, you must complete a FWS Authorization form with your supervisor and return a completed form to Financial Aid Office.

➢ Visit Human Resources Department to ensure that your payroll paperwork is completed.

➢ Start your federal work study job