

DATE: _____
FROM: (Hiring Supervisor) _____ Phone # _____
Email: _____ Fax# _____
Hiring Dept: _____ Mail Drop: _____
CC: Payroll Contact: _____ Phone: _____
Email: _____ Fax# _____

SUBJECT: OFF CAMPUS & FICA Agencies Federal Work-Study Authorization Request

Please send me email fax of the Federal Work-Study Authorization for the following student/s:

Student Name: _____ **Student ID:** _____
Federal Work-Study Job ID (Simplicity): _____
Job Title: _____
Pay Rate: _____
Start date (must be in the future): _____
Direct Supervisor's Name: _____

Student Name: _____ **Student ID:** _____
Federal Work-Study Job ID (Simplicity): _____
Job Title: _____
Pay Rate: _____
Start date (must be in the future): _____
Direct Supervisor's Name: _____

Student Name: _____ **Student ID:** _____
Federal Work-Study Job ID (Simplicity): _____
Job Title: _____
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Start date (must be in the future): _____
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