



FINANCIAL AID OFFICE
 1000 East Victoria Street, WHB250
 Carson, California 90747
 (310) 243-3691
 finaid@csudh.edu

Name: _____

SID#: _____

2019-2020 FEDERAL WORK STUDY ACCEPTANCE LETTER

Listed below is the amount of your Federal Work-Study (FWS) that you are eligible to earn. Submit this form to your hiring department.

Academic Year Limit \$ _____ (You must notify your supervisor of any adjustments to this amount). Adjustments *must* be made (in some cases) when you are offered additional grant funds or request a loan. The Financial Aid Office *must* approve any increase to work-study.

Federal Regulations prohibit students from receiving financial aid in excess of their financial need. If there is a change in your financial aid package, the amount of aid you are eligible to receive (including work study) may be adjusted. **You are responsible** for keeping track of any changes. Please notify your timekeeper and employer immediately if that happens.

To benefit from the FWS program, your hiring department/employer must complete this form and the Student Assistant Hiring packet. This completed form along with documentation to satisfy I-9 requirements and your social security card must be presented to the hiring department/employer for submission to the Human Resources Office (WH-340) before you may begin to work. You will receive a monthly paycheck based on the number of hours worked during the preceding pay period. **It is your responsibility** to ensure that your hours are submitted on time and correctly via self-service for your supervisor's approval by the last day of each pay period.

Your signature on this form indicates that you have read and understand the amount you may earn is limited to the amount listed above. The first day you may begin work is Friday, August 30, 2019 or the date the hiring process is completed. You may not work beyond Sunday, May 31, 2020 as a Federal Work Study student. If you are graduating, you may not work beyond May 20, 2020.

Student Signature: _____ Date: _____

Print: Student Name _____ Approved by: _____

PLEASE PRINT: An Authorized Human Resources Agent must complete the hiring process before the student may begin working. Note: Hiring departments <u>must forward</u> a completed copy of this form to the Financial Aid Office when the hiring process is complete.					
Department/ Employer	Unit	Class	Level	Hourly rate \$	Job #
Supervisor:	Email			Phone No.	
(Please Print)					
Timekeeper:	Email			Phone No.	
(Please Print)					
Work Study Position Number: _____			*Non-Work Study Position: _____		
<small>*The Non-Work Study position number will be used when the student employee has exhausted his/her Work Study Award. Departments MUST provide both position numbers.</small>					

Signature _____ Date _____
 Immediate Supervisor Employee ID#

Signature _____ Date _____
 Dean/Business Manager/Director