

This form is to be utilized for any FWS reappointed student being hired in either CHRS Student Processes or Temporary Academic Employment (TAE). Financial Aid will use this form to coordinate the student's FWS award and records retention.

**FEDERAL WORK-STUDY – ON-CAMPUS REAPPOINTMENT AUTHORIZATION**

Fiscal Year Hiring Period: \_\_\_\_\_ STUDENT CWID: \_\_\_\_\_  
 Last Name \_\_\_\_\_ First \_\_\_\_\_

**EMPLOYER APPROVAL / AUTHORIZATION TO HIRE**

DEPARTMENT NAME: \_\_\_\_\_ Appointment Dates: \_\_\_\_\_  
 Classification/Student Position Title \_\_\_\_\_  
 Lead \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Timekeeper \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Reports to Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Salary : \$ \_\_\_\_\_  per Hour or  per Month (check one box)

**EMPLOYER CERTIFICATION (Initial each item below and sign and date form below)**

- Employer is responsible for monitoring this student's FWS earnings so that earnings do not exceed their allocation as indicated above (or if revised, per future notification).
- Employer confirms that funding for this position is paid with general funds, prior to being reimbursed from Federal Work-Study (this is a requirement to participate in the FWS program).
- Employer will provide an updated copy of the Federal Work-Study Job Description to Financial Aid (updated annually)
- Employer will provide this authorization form to Financial Aid when reappointing/revising appointment.
- Employer agrees to wait for "authorization" from Financial Aid prior to allowing a student to begin employment.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Email this form along with any other required documentation to [fws@fullerton.edu](mailto:fws@fullerton.edu) at the Office of Financial Aid for approval. The student may only begin working for the authorized period of employment indicated above once you receive this form with the authorized signature of approval from the Office of Financial Aid.

**Office of Financial Aid Use Only**

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Award Amount: \_\_\_\_\_