

2015-2016 Off-Campus Federal Work-Study Program Agreement

Organization Name: _____

Contact Person: _____

Address: _____
Street City State Zip Code

Telephone Number: (____) _____ Email: _____

Student Name: _____
First Middle Last

Curriculum/Year: _____
(Example: Pharmacy 2)

JOB INFORMATION

Job Title: _____ Hourly Rate: \$ _____

Employment Start Date: _____ Employment End Date: _____

A **2015-2016** School Year Federal Work-Study award is valid from **July 1, 2015 to June 30, 2016** only.

The student must have a valid work-study award for the stated employment dates above. Employers may either ask to see the student's Offer of Financial Aid letter which will indicate the work-study award period and amount OR contact our office to confirm the work-study award period and amount.

This is an **employment-based** financial assistance award. Your work performance will be evaluated. A federal work study employee may be released from University employment due to loss of federal eligibility, lack of suitable work assignments, unsatisfactory performance or misconduct. You may be released from employment at the sole discretion of the University.

Maximum Allowable 2015-2016 School Year Work-Study Earnings (gross): \$ _____

I have reviewed the above Job Information section: _____
Student Signature Date

CERTIFICATION

I certify that the above student will be employed in the job indicated above in accordance with the submitted job description and the conditions set forth in the contract signed by this organization and the University of California for the above-stated employment period.

Any amount earned in excess of the initial work-study award amount as stated above will be paid in full by the Organization. Any hours worked before the student has signed the required UCSF employment forms will be paid in full by the Organization. Any hours worked before the Student Financial Aid Office has received the required work-study forms from the organization will be paid in full by the Organization.

Please provide the information listed below and a sample signature of **at least two people** authorized to sign Hours Worked Certification and Time Record forms. (**Note:** If a person not listed below signs the Hours Worked Certification or Time Record forms, the student's earnings may be delayed!)

_____ Name – Please Print	_____ Name – Please Print	_____ Name – Please Print
_____ Address – if different from above	_____ Address – if different from above	_____ Address – if different from above
_____ E-mail Address	_____ E-mail Address	_____ E-mail Address
_____ Signature	_____ Signature	_____ Signature

✓ **Please attach a "Job Description" form and confirm the student's employment paperwork is complete with Student Financial Aid.**