

# Northwestern

## FEDERAL WORK-STUDY

2016-2017

Federal Work-Study Program

AUTHORIZATION FORM

### Student Section

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Social Security Number (last 4 digits only): \_\_\_\_\_  
NU ID Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Federal Work-Study Awarded  
for Academic Year 2016-2017: \_\_\_\_\_

### Supervisor Section

Name of Dept./Organization : \_\_\_\_\_  
CHARTSTRING Fund Number: \_\_\_\_\_  
Financial Department ID: \_\_\_\_\_  
Project Number: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Supervisor's E-mail : \_\_\_\_\_  
Wage Rate/hour: \_\_\_\_\_

Northwestern University Work-Study Office  
1801 Hinman Avenue, 2nd Floor  
Evanston, IL 60208-1270

Work-Study Coordinator: Anne Horne (a-horne@northwestern.edu)

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This form must be returned to the Work-Study Office immediately. The student and supervisor should both retain copies of this form for their records.

### Student Certification

**I agree to accept employment in the department named above for the wage stated. I understand that I will be expected to perform my duties in a responsible manner and to comply with the requirements of the job and the instructions from my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position and from the Federal Work-Study Program if I do not meet minimum standards. I will accurately record my work hours and will maintain a record of my earnings in order not to exceed my limit.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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### Supervisor Certification

**I agree to hire the above named student for the wage stated and under the conditions described above. I will supervise the work performed and I will be responsible for approving the Work-Study employee time record for the Payroll Office. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount above by the Financial Aid Office. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined on the Work-Study web site. I further understand that any violation of those procedures may jeopardize this department's participation in the program.**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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Northwestern University and its employers agree that no student will be denied work or subjected to different treatment on the grounds of race, age, sex, color, religion, national origin, sexual orientation, marital status, age, disability or veteran status, and that it will comply with the provisions of the Civil Rights Act of 1964.

Fax: 847/467-5912

<http://undergradaid.northwestern.edu/work-study>

Phone: 847/491-7574