

Work Study Authorization Form

Section I - Student Information

Students may begin working once officially hired and
However, pay earned prior to a work study award

Students: Do NOT complete this form until you have been offered a job. Students may complete this section. Employers generally should complete the rest of this form.

Student's name: _____ Student ID #: _____

Student's position title: _____

Section II - Student Awarding Request

Please select **ONE** estimated award amount based on student's anticipated workload for the semester. Increase requests can be completed later if needed and if work study funds remain. Annual award amounts are awarded evenly over the entire academic year. For example, \$10,000 is awarded annually (\$5,000 each semester) for a student estimated to work

Students: Selecting this box allows the Student Employment office to reduce or cancel student loans on your behalf to make space in your financial aid package (known as COA) for a work study award.

If not selected and you do not have space in your financial aid package, you may be denied a work study award.

To learn more about Cost of Attendance (COA), click [HERE](#).

*NOTE: award amounts in

☐ By checking this box, I (the student) authorize the reduction or cancellation of federal student loans that are offered or accepted to accommodate this work study award. I understand that this may create a balance that I am responsible for paying on my student account.

Section III – Employer Information

Employing Department/Agency Name: _____

Supervisors Name (First, Last, Middle Initial): _____
Contact e-mail address: _____
Campus Box (if applicable): _____

Employers: Speedtypes are required if wages need to be covered by the department. By providing your speedtype does not automatically mean you will be charged.

*Speed Type: _____
(Required)

For the 25-26 year: work study will cover 100% of wages. If an award is used up, wages will be covered by the department at 100%. It is the employee and employers responsibility to track earnings.

*Student's Start Date: _____

Section IV – Signatures

By signing this form, the student certifies that all information reported is correct and understands their responsibilities as an employee and recipient of a work study award as set forth in the [Federal Student Aid Handbook](#) and the [Student Employment Handbook](#).

Student Signature: _____ Date: _____

By signing this form, the supervisor authorizes that they are familiar with, and will abide by the policies and procedures set forth in the [Student Employment Handbook](#).

Supervisor Signature: _____ Date: _____

Students can upload forms to Secure Document Upload on the Financial Aid website or use this QR code

QR

Anyone can email completed form to Student Employment Office



Student Employment Office

P.O. Box 173364, Campus Box 125 Denver, CO 80217-336

Phone: 303.315.5969 Fax: 303.315.1886 Email: StudentEmployment@UCDenver.edu