2019-2020

Northwestern FEDERAL WORK-STUDY

Federal Work-Study Program AUTHORIZATION FORM

— Student Section —	Supervisor Section ————————————————————————————————————
Last Name:	Name of Dept./Organization:
First Name:	Chartstring:
Social Security Number (last 4 digits only):	HR Dept. ID (ends in "98"):
NU ID Number:	Account Code: 60122
E-mail: Federal Work-Study Awarded for Academic Year 2019-2020:	Supervisor Name:
	Supervisor Email:
	Wage Rate/hour:
Northwestern University Work-Study Office 1801 Hinman Avenue, 2nd Floor Evanston, IL 60208-1270 Work-Study Coordinator: Anne Horne (a-horne	e@northwestern.edu)
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.	
the instructions from my supervisor. I furthe job performance and that I may be removed	sponsible manner and to comply with the requirements of the job and er understand that my employment is contingent upon satisfactory from my position and from the Federal Work-Study Program if I do ely record my work hours and will maintain a record of my earnings
Student Signature	Date
***********	******************
will supervise the work performed and I will the Payroll Office. I will also be responsible students beyond their earnings limit, which n understand that participation in the program	the wage stated and under the conditions described above. I be responsible for approving the Work-Study employee time record for maintaining a record of student earnings and may not pay may be changed from the amount above by the Financial Aid Office. In is contingent upon satisfactory compliance with the policies and site. I further understand that any violation of those procedures may a the program.
Supervisor Signature	Date
	at 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