

IUPUI Federal Work-Study (FWS) Authorization Agreement Form

Office of Student Employment
University Tower, Suite HO 202

EXPIRATION OF AUTHORIZATION: *Below form valid for AY 2022-2023.*

Eligibility dates: 8/7/2022-5/6/2023

STUDENT INFORMATION

STUDENT NAME: _____ USERNAME: _____ CAMPUS: _____

Student Award Amount \$ _____ (Award amount can be located in the students Financial Aid Notification letter or viewed in their OnelU account)

Visit the Office of Student Employment website: <https://employment.iupui.edu> for more information on work-study policies, finding a position to earn your award, hiring steps, and Frequently Asked Questions about work-study.

Part 1: STUDENT AGREEMENT

By signing this agreement, you are agreeing to adhere to all policies stated below.

WORK-STUDY AWARD LIMIT & EARNINGS

- I will monitor my work-study earnings/award balance and notify my supervisor when I have less than \$500 remaining
- I will understand that if changes are made to my enrollment or financial aid package, I will immediately notify my supervisor as my award amount may be reduced.
- I understand that my work-study award money will be used by my department first before any other budget dollars for my hourly wages**

COMMUNICATION EXPECTATIONS & SUPERVISION

- I understand that, as a work-study student I am NOT permitted to work from home or supervise other student employees.
- I will contact Financial Aid representatives to discuss any pending scholarships that may affect my award amount/aid package.
- I will work together with my supervisor to determine scheduling needs and work-study award usage.

WORK HOURS/TIME SYSTEM

- I will NOT work more than 29 hours per week. If working in multiple campus positions, I understand that I may work a total of 29 hours for all positions worked. (i.e. 10 hours job 1 and 19 hours in job 2)
- I will inform my supervisor in writing/via email of any changes that need to be made to my online timesheet.
- Falsification of hours will result in immediate termination.
- I understand I am NOT permitted to work during regular scheduled class hours. Working during scheduled class times should be noted on your online timesheet as to the exception and reason class is not attended.

Student Signature: _____ Student IU email: _____ Date: _____

DEPARTMENT/AGENCY INFORMATION (To be completed by hiring EMPLOYER)

Campus Dept./Agency Name: _____

Payroll Processor: _____ Email: _____

Address: _____ City: _____ State: IN Zip Code: _____

Phone: _____ Work-Study Account #: _____ Voucher Code: _____

STUDENT JOB ASSIGNMENT (To be completed by hiring EMPLOYER)

Student's Job Title & Handshake Job Id#: _____ Student's Hourly Rate: \$ _____

Supervisor Name: _____ Average Hours per Week: _____

Part 2: SUPERVISOR AGREEMENT By signing this agreement, you are agreeing to adhere to all policies stated below.

WORK-STUDY AWARD LIMIT & EARNINGS

- I am responsible for monitoring and tracking my student's earnings and that they do not exceed their award limit for the eligibility period
- I understand my department will be 100% responsible for any amount earned over the student's limit

PROGRAM EXPECTATIONS & COMMUNICATION

- I understand that a work-study student is NOT permitted to work from home or supervise other student employees
- I understand that work study students cannot displace another university employee, this would result in losing the ability to hire work-study students
- I will work together with this student to determine scheduling needs and work-study award usage

WORK HOURS/TIME SYSTEM

- I will NOT allow this student work more than 29 hours per week. If working in multiple campus positions, I understand that I may work a total of 29 hours for all positions worked. (i.e. 10 hours job 1 and 19 hours in job 2)
- I will review/edit/approve student online timesheets according to the bi-weekly schedule as expected by IU Payroll
- I understand students are NOT permitted to work during regular scheduled class hours. Working during scheduled class times should be noted on the online timesheet as to the exception and/or reason class attendance did not occur.
- In the rare event that a student receives an additional financial aid award/scholarship/etc. that changes their financial need, the department will be responsible for paying the student from the departmental budget.

Supervisor Signature: _____ IU Email: _____ Date: _____