



Trinity College
HARTFORD CONNECTICUT

**Work Authorization Form
Federal Work-Study Program
2017-2018**

Student Section

Last Name: _____

First Name: _____

Trinity ID Number: _____

Federal Work-Study Award
for Academic Year 2017-18: \$_____

Note: This form must be submitted to the Financial Aid Office before the student can be officially hired. Both the student and supervisor should retain copies of this form for their records.

Supervisor Section

Name of Dept./Organization: _____

Name and Title: _____

Phone Number: _____

Email Address: _____

Student Job Title: _____

Job Length (Begin-End Date): _____

Wage Rate/Hour: \$_____

Student Certification

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

Student Signature

Date

Employer Certification

I agree to hire the above named student for the title and wage stated and under the conditions described above. I will supervise the work performed and I will be responsible for signing and forwarding the Work-Study employee time record to the Payroll Office, retaining a copy for my records. 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 website. I further understand that any violation of those procedures may jeopardize this department's participation in the Program.

Supervisor Signature

Date

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

Financial Aid Office

Phone: (860) 297-2046

Fax: (860) 987-6296

Email: financial-aid@trincoll.edu

<http://www.trincoll.edu/Admissions/finaid/Pages/Federal.aspx>