

Austin Peay State University Federal Work Study Placement Form



I. Date: ____ - ____ - ____

II. Student Name: _____ Banner ID # : _____
 Award Amount: _____ Academic Award Period: _____

III. Department Name: _____ Job Title: _____
 Building: _____ Room Number: _____
 Contact Person: _____
 Email Address: _____ Phone Number: _____

I understand that I am employed at Austin Peay State University and that my work shall be performed according to guidelines stated in the student responsibilities at http://www.apsu.edu/financialaid/FWS_stu_resp.htm and the policies and requirements of the State Board of Regents and Austin Peay State University. I also understand that no employee benefits are attached to my employment.

You will be notified of your first possible date of employment via e-mail from Human Resources. You are not authorized to work prior to that date.

IV. Student Signature: _____ Date: ____ - ____ - ____
 Student's e-mail address: _____

In accepting this applicant for employment, I agree to provide adequate supervision of his/her work by adhering to the policies as outlined in the department responsibilities at http://www.apsu.edu/financialaid/FWS_dept_resp.htm and to report his/her time in accordance with established procedures.

_____ I will hire _____ I will not hire

The following forms must be submitted to the Human Resources department:

- I-9 <http://www.uscis.gov/files/form/i-9.pdf>
- Copy of original Social Security Card
- W-4 <http://www.irs.ustreas.gov/pub/irs-pdf/fw4.pdf>
- Copy of Job Description http://www.apsu.edu/hrhomepage/student_workers.htm
- Direct Deposit Form <http://www.apsu.edu/hrhomepage/forms/Direct%20Deposit%20Form.pdf>

The following forms must be submitted to the Financial Aid Office:

- Copy of Job Description http://www.apsu.edu/hrhomepage/student_workers.htm
- Copy of Federal Work Study Placement Form signed and completed

Position # _____ (use chart)

Recommended Hourly Rate: _____

Award Period: The department and the student will be notified of the student's first possible date of employment via e-mail from Human Resources. The student is not authorized to work prior to that date.

End Date: ____ - ____ - ____

Supervisor Signature: _____ Date: ____ - ____ - ____
 SFAO Approval: _____ Date: ____ - ____ - ____