WINTHROP UNIVERSITY OFFICE OF FINANCIAL AID

FEDERAL WORK-STUDY STUDENT PAYMENT AGREEMENT

Students employed under the Federal Work-Study Program are prohibited from working more than 20 hours per week and may only work from the first day of class until the last day of exams each semester. Students who hold other Winthrop positions may not work more than 20 total hours per week (at all jobs). Students cannot begin working until paperwork has processed through the Office of Financial Aid and Human Resources.

Student's Name:		CWID#	Undergraduate Graduate	
Timesheet Org#/Department (for time	esheet approvals):			
Fund/Org Code: 32102B-9951-100		Job Title:		
Brief description of duties:				
Employment Begin Date: Most student work is subject	End Date: to FLSA regulations, in	Hourly Rate: acluding minimum wage of a	# of hours/week: at least \$7.25 per hour and overtime.	
I understand my duties and accept this understand that I must enter and subm			m (subject to approval below). I also blished time sheet submission guidelines.	
Student Signature/Date		Supervisor Signatur	re/Date	
Department Head Signature/Date			PRINTED Name of supervisor who will approve the student's timesheet	
at www.winthrop.edu/hi Work-Study Student Payment Agreeme	ired students and may by after a job offer has be for instructions on coment form, Work-Study A	e required for re-hired studenten made and accepted. Pleas appleting the I9/E-Verify processing the Porm, W-4 form, and approval Form, W-4 form, and the student students are students.	e refer to the I-9 online inquiry system	
process, must be submitted to the Offic Covers work period of		Deadline listed below: Deadline to Financial Aid	Check Issue Date	
1st – 15th (of current mont		25 th (of previous month)	25 th (of current month)	
16th – 31st		11 th	10 th	
SUBMIT ORIGINALS TO OFFICE OF FINANCIAL AID SYKES HOUSE, 638 OAKLAND AVE. Hiring Unit: Please make a copy for your files and give a copy to the student. Forms will not be returned to departments. (For Office of Financial Aid Use Only)				
Position #:			Date:	
Financial Aid Award Amount: \$				
(For Office of Human Resources Use Only)				
NBAPOSN PPAIDEN PEAEMPL NBAIORS PDADEDN Completed by:				