**Federal Work- Study**

**Packet**

**2018-2019**

Please complete all information in this packet along with the W4 and I-9 and submit to the

 Financial Aid Office by **August 27, 2018**



**Federal Work-Study Interview Form**

Department

Location:

Supervisor:

Date:

**The Work-Study student named below is eligible to be employed by this Department**:

Name:      Student ID #

Job Title

Beginning Date       Ending Date

Rate of Pay: $      per/hour Maximum Gross Earnings: $

Number of Work Hours Per Week

Supervisor Signature

Date

Student’s Signature

Date

Financial Aid Director Signature

Date

**Study Employment Application**

**Federal Work-Study Program**

Please complete this fully. Print neatly using blue or black ink only

**Name:** Click here to enter text.

**SSN** Click here to enter text.

**Address: (Street/P.O. Box, City,, State, Zip):** Click here to enter text.

**Telephone (local):** Click here to enter text.

**Living (check one):** [ ]  **On Campus** [ ]  **Off Campus**

 **Enrollment Status (check one):** [ ]  **Day** [ ]  **Evening /** [ ]  **Part Time** [ ]  **Full Time**

**Email address:** Click here to enter text.

**Classification (check one):**

[ ]  **FM** [ ]  **SO** [ ]  **JR** [ ]  **SR**

**Major:** Click here to enter text. **Special Area of Interest:** Click here to enter text.

**Have you ever been a student employee at Huston-Tillotson University? (check one)**

[ ] **Yes** [ ]  **No**

**If yes, what department and dates?**

Click here to enter text.

**Where do you prefer to work? (check one)**

[ ]  **I would prefer to work On Campus** [ ]  **I would prefer to work Off Campus**

**List on campus department you would like to interview with.**

Click here to enter text.

**Please list any volunteer work, community service, and campus activities you been involved in:**

Click here to enter text.

**Please check all the areas in which you have experience:**

[ ] Answering phone

[ ] Bookkeeping

[ ] Cashiering

[ ] Date Entry

[ ] Typing

[ ] Excel

[ ] Power Point

[ ] Publisher

[ ] Word

[ ] Designing web pages

[ ] Lab assistance

[ ] Search engines

[ ] Tutoring

**If interested in tutoring, Please list your best subject areas:**

Click here to enter text.

**The information I have provided is, to the best of my knowledge, true and accurate. I understand that this application does not guarantee or confirm employment at Huston-Tillotson University. If I no longer want to be considered for employment, I will contact the Work-Study Coordinator.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Click here to enter text.

**Signature Date**

**2018 – 2019 AY**

**Agreement by Student Employee to Maintain Confidentiality and Privacy of Records Pertaining to Students, Faculty, Staff and the University**

I, Click here to enter text. (type name), understand that in my capacity as a student employee at Huston-Tillotson University, whether as a temporary, federal work-study, or student wage employee, I may have access to confidential and private records of other students, faculty and staff and/or pertaining to the University. I understand that under federal law and University policy, student records are protected from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed. I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment with Huston-Tillotson University. I shall not, directly or indirectly, communicate to any person other than my supervisor, or an individual approved by my supervisor, any information concerning such records. I understand that any such disclosure may be grounds for termination, prohibition of future employment and/or for dismissal from Huston-Tillotson University.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.

 Signature of Student Employee Date

Stud ID: Click here to enter text.

# fEDERAL wORK sTUDY – EVALUATION FORM

|  |
| --- |
| Job Title: Click here to enter text.(FOR SUPERVISORS, PLEASE RETURN BACK TO FINANCIAL AID AT END OF THE AID YEAR) |
| Department:Click here to enter text. |
| Supervisor:Click here to enter text. |
| Date:Click here to enter text. |

|  |  |
| --- | --- |
|  | **Scale** |
| **Performance criteria** | **Excellent** | **Above Average** | **Satisfactory** | **Unsatisfactory** |
| Quality of Work | 4  | 3 | 2 | 1 |
| Responsible | 4 | 3 | 2 | 1 |
| Work Organization | 4 | 3 | 2 | 1 |
| Knowledge Of Job | 4 | 3 | 2 | 1 |
| Relationship with fellow workers | 4 | 3 | 2 | 1 |
| Initiative | 4 | 3 | 2 | 1 |
| Dependability | 4 | 3 | 2 | 1 |
| Punctual/observation of work hours | 4 | 3 | 2 | 1 |
| Phone Etiquette | 4 | 3 | 2 | 1 |
| Overall Performance | 4 | 3 | 2 | 1 |

Comments: Click here to enter text.

Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click here to enter text.

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Click here to enter text.