Federal Work Study Employment Packet
“RETURNING STUDENT CHECKLIST”

(PLEASE COMPLETE THIS PACKET IF YOU HAVE WORKED FOR THE UNIVERSITY IN THE PAST 12 MONTHS)

_____ Financial Aid Award Printout – Printed from banner “Wired” Self-service.
_____ Agreement to Hire form ----- All questions must be answered and signed by both the supervisor and student.
_____ W-4 Tax Withholding form— (Returning students only complete a W-4 form if you are making changes to your previous information). Please use your permanent address.
_____ Payroll Direct Deposit form – (Returning students only complete if you are making changes to your previous information).

Are all the requirements attached? Yes _____ No _____

__________________________________________________________________________ __________________________
Supervisor’s Name (Print) Date

__________________________
Supervisor’s Signature

__________________________________________________________________________ __________________________
Student’s Name (Print) Date

__________________________
Student’s Signature

__________________________ Student ID Number

Please return this form to the Financial Aid Office located in the Academic Services Building, Suite 349, within 3 business days.
*Supervisors will be notified of the date student can begin their work study assignments.
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“AGREEMENT TO HIRE” FORM

FALL-______ SPRING-______
Please indicate the term above

Student Name ___________________________ Student ID Number ___________________________

On-campus or Local Mailing address (required) ___________________________ Campus/Local telephone # (required) ___________________________

The above student has been awarded Federal Work Study. Please discuss the requirements of the position available and if you wish for this student to be assigned to a position available in your department, please complete the section below. Upon receipt of this “Agreement to Hire” form, and all other forms listed on the “Checklist” by the Financial Aid Office, the Supervisor will be mailed the Work Study Authorization form.

Student’s Position Title: ___________________________ Department name: ___________________________

Supervisor: ___________________________ Supervisor’s Office Ext#: ___________________________

Supervisor’s campus mailing address: __________________________________________

Department Timekeeper: __________________________________________

Student and Supervisor have discussed the job requirements / responsibilities, and the student agrees to comply. Student and Supervisor must understand that completing this form DOES NOT fulfill all requirements, and the student MAY NOT start work at this time.

Does this student participate in any sport (football, tennis, basketball, etc)? ___________________________

(Athletes may not have work study assignments in the Athletic Department.)

Student Signature ___________________________ Date________________

Supervisor Signature ___________________________ Date________________

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Kentucky State University is an equal educational and employment opportunity/affirmative action institution