

# Youngstown State University

## Federal Work Study & On-Campus Student Employment

### Hourly Appointment Form

#### ***SECTION I: To Be Completed By Student***

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  Cell  
 Permanent  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent  
 Temporary  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

I certify that the foregoing personal data are correct and I accept the position on the terms specified within, contingent upon the availability of funds and formal administrative approval. I recognize the salary is subject to such deductions as may be required pursuant to acceptable laws and regulations. The salary due me will be based upon the period of actual service and I will return to the University such part of my salary as is not actually earned on this basis.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ***SECTION II: To Be Completed By Employing Department***

► **NOTE: ORIGINAL + 4 COPIES MUST BE FORWARDED FOR PROCESSING. FAILURE TO COMPLETE/ATTACH/FORWARD ALL REQUIRED FORMS PRIOR TO WORKING MAY DELAY PAYMENT.** ◀

Employing Department Name \_\_\_\_\_ FOAP \_\_\_\_\_  
 Supervisor (print) \_\_\_\_\_ Supervisor Signature \_\_\_\_\_ ext. \_\_\_\_\_  
 Requested Effective/Starting Date \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Hrs. Per Week \_\_\_\_\_  
 Employment beginning \_\_\_\_\_ Summer \_\_\_\_\_ Fall \_\_\_\_\_ Spring (Check One)

Signature Authority for Account \_\_\_\_\_ Date \_\_\_\_\_

Job Title \_\_\_\_\_ **THIS MUST BE COMPLETED**

Job description and duties student will perform:

\_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

#### ***SECTION III: FWS Appointment- Completed By the Office of Financial Aid and Scholarships***

- Federal Work-study Eligible Limit \$ \_\_\_\_\_ Funding availability date \_\_\_\_\_  
 Not Federal Work-study Eligible

Director, Office of Financial Aid & Scholarships \_\_\_\_\_ Date \_\_\_\_\_

Academic Year	I-9 on file		Semester/Hrs	Total Hours Completed	GPA	International Student		
	Yes	No	X _____ F _____ S _____			Yes	No	If yes, country _____

#### ***SECTION IV: To Be Completed by Student Life***

Approved Start Date \_\_\_\_\_

Office Of Student Life \_\_\_\_\_ Date \_\_\_\_\_

c: Financial Aid (if FWS), Payroll, Employing Department, Student