



NORTHWESTERN UNIVERSITY

2007-2008 Federal Work-Study Program

AUTHORIZATION FORM

Student Section

Last Name: \_\_\_\_\_
First Name: \_\_\_\_\_
Social Security Number (last 4 digits only): \_\_\_\_\_
NU ID Number: \_\_\_\_\_
E-mail Address: \_\_\_\_\_
Federal Work-Study Awarded for Academic Year 2007-2008: \_\_\_\_\_

Supervisor Section

Name of Dept./Organization : \_\_\_\_\_
Dept. CUFS Account Number: \_\_\_\_\_
Supervisor's Name: \_\_\_\_\_
Supervisor's Phone Number: \_\_\_\_\_
Supervisor's E-mail Address: \_\_\_\_\_
Quarter Student Began Working: \_\_\_\_\_
Job Title: \_\_\_\_\_
Wage Rate/hour: \_\_\_\_\_

Northwestern University Work-Study Office
1801 Hinman Avenue
Evanston, IL 60208-1270

Work-Study Coordinator: Anne Horne

It is the student's responsibility to return this form to the Work-Study Office immediately. The student's paycheck will held by Payroll until this form is received by the Work-Study Office. The student and supervisor should both retain copies of this form for their records.

Student Certification

I agree to accept employment in the department named above for the title and wage stated. I understand that I will be expected to perform my duties in a responsible manner and to comply with the requirements of the job and the instructions of my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position and from the Federal Work-Study Program if I do not meet minimum standards. I will accurately record my work hours and will maintain a record of my earnings in order not to exceed my limit.

Student Signature

Date

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Supervisor Certification

I agree to hire the above named student for the title and wage stated and under the conditions described above. I will supervise the work performed and I will be responsible for forwarding the Work-Study employee time record to the Payroll Office. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount above by the Financial Aid Office. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined in the Work-Study Handbook. I further understand that any violation of those procedures may jeopardize this department's participation in the program.

Supervisor Signature

Date

Northwestern University and its employers agree that no student will be denied work or subjected to different treatment on the grounds of race, age, sex, color, religion, national origin, sexual orientation, marital status, age, disability or veteran status, and that it will comply with the provisions of the Civil Rights Act of 1964.