

## 2018/2019 Work Study Employment Authorization

Student Information			
Name:		·	CGCC ID #
Student's College Email :			Phone:
registered stu accurately re	udent or I regi cord my work	tered for at least six credits each term and must stop wister for fewer than six credits. I also must stop working hours on a time sheet and will maintain a record of neach term as listed below.	g if I am in a Disqualified status. I will
Student Signature:			Date:
If you have questions, or need assistance, please do not hesitate to contact the financial aid office by emailing <a href="mailto:financialaid@cgcc.edu">financialaid@cgcc.edu</a> or by phone at 541-506-6021.			
Department	Supervisor		
Hiring Department:			First day of work:
Supervisor Name:			
If the student has not been employed in any capacity at CGCC, they must complete an I-9 form any time between acceptance of a job offer and the first day of work for pay.			
Hours may be worked only after the term begins and all paperwork has been completed.			
I will supervise the student's work performed and I will be responsible for signing and forwarding the work study employee Time and Attendance Record to the Financial Aid Office, and retaining a copy for my records. I will also be responsible for maintaining a record of student earnings and will not allow students to work beyond their <b>term by term</b> earning limit as indicated below or beyond Employment End Dates.			
Supervisor Signature:			Date:
	s listed below	represent the total authorized funds allowed each proved ahead and must utilize unused funds from the	
Summer	\$	Employment Begins: June 25, 2018	Ends: September 7, 2018
Fall	\$	Employment Begins: September 24, 2018	Ends: December 14, 2018
Winter	\$	Employment Begins: January 7, 2019	Ends: March 22, 2019
Spring	\$	Employment Begins: April 7, 2019	Ends: June 14, 2019
Financial Aid Office:			Date: