

Work Study Employment Authorization

Student Info	ormation		
Name:			CGCC ID #
Student's College Email :			Phone:
registered stu accurately re	udent or I regis cord my work i	ered for at least six credits each term and must stop were for fewer than six credits. I also must stop workin 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:
•	•	eed assistance, please do not hesitate to contact t by phone at 541-506-6021.	he financial aid office by emailing
Department	Supervisor		
Hiring Department:			First day of work:
Supervisor N	lame:		
		employed in any capacity at CGCC, they must cornd the first day of work for pay.	nplete an I-9 form any time between
Hours may b	e worked only	after the term begins and all paperwork has been	completed.
Time and Att	endance Reco a record of stud	s work performed and I will be responsible for signing rd to the Financial Aid Office, and retaining a copy fo dent earnings and will not allow students to work be Employment End Dates.	or my records. I will also be responsible for
Supervisor Signature:			Date:
	s listed below	represent the total authorized funds allowed each roved ahead and must utilize unused funds from the	• •
Summer	\$	Employment Begins: June 24,2019	Ends: September 06,2019
Fall	\$	Employment Begins: September 23, 2019	Ends: December 13, 2019
Winter	\$	Employment Begins: January 6, 2020	Ends: March 20, 2020
Spring	\$	Employment Begins: March 30, 2020	Ends: June 12, 2020
Financial Aid Office:			Date: