

2020-2021 FEDERAL WORK STUDY SIGNATURE AUTHORIZATION FORM

NOTE: STUDENTS HIRED UNDER THE WORK STUDY PROGRAM MAY NOT DISPLACE REGULAR EMPLOYEES OR IMPAIR EXISTING CONTRACTS FOR SERVICE.

District (if applicable): _____ Date: _____

Agency/School Site Name: _____

Phone: (_____) _____ Fax: (_____) _____

Address: _____
 STREET CITY STATE ZIP CODE

Please provide at least two signatures of persons authorized by your agency/site to approve timesheets. Authorized signatures should be from individuals who supervise student hours worked. Each school site within the district requires its own Exhibit B form. NOTE: A new signature authorization form must be submitted if there are any additions or deletions.

| <u>Name/Title of Supervisor</u> | <u>Signature</u> | <u>Email</u> |
|---------------------------------|------------------|--------------|
| _____ | _____ | _____ |
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CONTACT PERSON FOR AGENCY/EMPLOYER

Name: _____ Title: _____

Email: _____

Phone: (_____) _____ Fax: (_____) _____

FOR FINANCIAL AID OFFICE USE

Account #: _____ Date: _____