



Off Campus Work-Study Approval Request

2025-2026 (Covers Fall 2025, Spring 2026 and Summer 2026)

Work-study student requests must be initiated by the department using the work-study referral form. Requests made verbally or through other means may not be approved.

To Be Completed By Employing Department:

Student's Name: * (?)

Student ID: * (?)
(9 Digit ID Number)

Work Study Student Status * (?)

Employing Organization: * (?)

Work-Study (location): * (?)

Work Study Business Type: * (?) ☐ Off Campus Non-Profit

Supervisor Name Responsible for Certifying Time: * (?)

Supervisor Employee Number:
(?)

Supervisor Email: *
(?)

Phone Number: * (?)

Location: * (?)

Acknowledgement *
(?)

☐ I acknowledge the terms and restrictions regarding the employment of Work-Study students in my department. I commit to overseeing the hours of the listed students (not surpassing 19.5 hours) and their earnings from work-study. Departments failing to monitor their students' hours and surpassing the 19.5-hour limit and semester award amount will be accountable for the associated expenses (wages).

Supervisor
Signature
Responsible for
Certifying Time: * (?)

Sign

Submit