

On Campus Work-Study Approval Request

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

Request for Work Study students must be initiated by the department through the work-study referral form. Any request made verbally or any other method may be denied.

To Be Completed By Employing Department:

Student's Name: * (?)		
Student ID: * (?)		
	(9 Digit ID Number)	
Work Study Student Status * (?)	•	
Employee number		
for Student (?)	For returning work study student only	
Employing		
Department: (?)		
Employing Dept.		
Budget ID.: * (?)	(Part Time Budget Code Only)	
Campus of Work-		
Study (site): * (?)		
Budget # to be	☐ Federal Work Study Budget Code- 61401.5276.8741.576.100	
charged (if	☐ Texas Work Study Budget Code- 61402.5446.8761.576.100	
applicable): * (?)	☐ Other	

*	☐ I understand the conditions and limitation my department. I will monitor the above li and their work-study earnings. Department hours and exceed the 19.5 hour allotment responsible for those expenses (wages).	sted student's hours (not to exceed 19.5) nts who do not monitor their student's
Supervisor Name Responsible for Certifying Time: * (?)		
Supervisor Employee Number: (?)		
Supervisor Email: * (?)		
Phone Number: * (?)		
Campus of Supervisor: * (?)		
Supervisor Position Number: (?)		
Supervisor Signature	Sign	
Responsible for Certifying Time: * (?)		
Submit		