

SUNY ESF FEDERAL WORK-STUDY APPOINTMENT FORM

Instructions for Student: This form must be submitted to the Financial Aid Office to finalize the hiring process. Complete the shaded areas in the Student Section below, then bring the form to your potential supervisor for a confirmation signature. Once the supervisor has signed the form, return it to the Financial Aid Office, 113 Bray Hall.

Instructions for Supervisor: The below named student is interested in employment in your federal work-study position. If you wish to employ this student please complete the shaded areas of the Supervisor Section and return the form to the student or the Financial Aid Office. A copy of the form will be forwarded to you upon completion of the hiring process.

Student Section												
Soc. Sec. No.:										Gender:		
Name (Last, First, M)												
Permanent Address:												
City:							State:			Zip Code:		
Employee Status:	Y – Returning FWS Employee N – New FWS Employee											

Supervisor Section											
Starting Date			Department			Office Location			Phone Number		
Signature				Print Name				Date			

Processing Section										
Family Income:	A	0 – 5,999			J	0 – 1,999				
	B	6,000 – 11,999			K	2,000 – 3,999				
A – G: Dep, UG	C	12,000 – 23,999			L	4,000 – 7,999				
	D	24,000 – 29,999			M	8,000 – 11,999				
I: Graduate	E	30,000 – 41,999			N	12,000 – 15,999				
	F	42,000 – 59,999			O	16,000 – 19,999				
J – P: Ind, UG	G	60,000 + Over			P	20,000 + Over				
Employment Period		Hourly Rate		EEOC		Acct Number		Grant Amount		
						211555				
Signature				Print Name				Date		

FA Office Use Only									
Federal W-4			ERS			Mail Drop			
NY State (IT-2104)			I-9 Valid						
NY City (IT-2104)			I-9 Initial						