



Off-Campus Work-Study Sign-Up Sheet

Work-Study Student Employee Registration

To be completed by the employer. Please submit this form — and the completed job description on the next page — to the Office of Financial Aid. Keep a copy for your records.

_____	_____	_____
Today's Date	Student Name (First, Middle, Last)	Student UT EID
_____	_____	
Job Title	Hourly Pay Rate	
_____	_____	
Organization Name	Organization Address	
_____	_____	_____
Payroll Contact Name	Payroll Contact Phone	Payroll Contact Email
_____	_____	_____
Student Supervisor's Name	Student Supervisor's Phone	Student Supervisor's Email
Supervisor's Signature: _____		

Student Work-Study

Award on student's Work-Study Verification:

\$ _____	\$ _____
Fall 20 _____	Spring 20 _____

Indicate each semester this student will be employed:

<input type="checkbox"/> Fall 20 _____	<input type="checkbox"/> Spring 20 _____
September 1 – December 31	January 1 – May 15

- Students may not participate in work-study jobs outside the above date ranges.
- Work-study students must be hired by the fourth week of each semester.



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Work-Study Job Description

To be completed by the employer.

Student Name (First, Middle, Last)

Student UT EID

Job Description, including specific duties or requirements:

How does your organization improve the quality of life for community residents?

How will this work-study position help your organization achieve that purpose?

My organization's services include:

Please check all that apply.

- Child care
- Civic education and participation
- Crime prevention and control
- Emergency/disaster preparedness and response
- Health care Transportation
- Public safety Welfare
- Recreation Other
- Social services

If this work-study position is:

- A reading tutor for children in preschool or elementary school, or in a family literacy program that provides services for children from infancy through elementary school, their parents and/or their caregivers
- A math tutor for children in kindergarten through grade 9

Provide:

Name/Location of Trainer

Tutoring Assignment Information:

Name of school/location, on-site supervisor, grade level

How will progress be measured?

OFA OFFICE USE ONLY: I verify that this position **does** **does not** meet the Community Service component of the Federal Work-Study Program as mandated by the Higher Education Act of 1965, as amended by the Higher Education Amendments through 2008. I further verify that this position **does** **does not** meet the criteria for classification as Tutor.

Community Service Coordinator: _____

Date: _____

Fall: _____ Spring: _____