

Work-Study Employer - Yearly Agreement

To be completed by the employer

This form is to be completed and submitted by the Work-Study Off-Campus Employer on a yearly basis. By typing your name and date, you are verifying that all information provided is accurate and that you are agreeing that you have read and understood all Work-Study Employment materials listed on this document.

Name of Agency					
Address		City, State		ZIP	
		Tax Exemption	D Number		Date
Primary Contact Name		Primary Contact Email		Primary Contact Email	
Payroll (Billing Statements) Contact Name		Payroll (Billing Statements) Contact Email		Payroll (Billing Statements) Contact Phone #	
Student Employee Supervisor Contact Name		Student Employee Supervisor Contact Email		Student Employee Supervisor Contact Phone #	
HireUTexas Contact Name (Post positions and Job Fairs)		HireUTexas Contact Email		HireUTexas Contact Phone #	
Important Documents for Work-	Study En	nployment Are Locate	ed at https://finaid.ut	exas.edu/wo	rk-study/off-campus-employers/
Please review:					
Off-Campus Employer Training		udy Timesheet	Work-Study Sign-Up Sheet		Billing Statement
Billing Statement for Tutors	nt for Tutors Work-Study Ba		Paycheck Receipt Form		Separation Form
NOTE:	materials	please contact the Work-S	Study Employment office 1	or clarification	The Off-Campus Employer Guide lists

If you have questions about any of these materials, please contact the Work-Study Employment office for clarification. The Off-Campus Employer Guide lists all of the steps required and includes examples. By signing this document, you agree to follow the process outlined in these materials.

Please Attach and Upload:

Agency's Pay Periods and Pay Dates (Direct Deposits and Paper Checks)

Signature