

IWSP

FORM

Request

I would like to request the following individual to work in this department under the Institutional Work-Study Program (IWSP). By signing this request, I certify the following:

- I have verified with the Registrar's Office that this person is enrolled as a full-time student (12 semester hours-undergraduate or 6 semester hours-graduate) at AASU. (Summer Semester requirement is 6 semester hours to be employed on IWSP).
- I understand that the student may not begin work until this request has been submitted to the Human Resources Office and the student has completed the federally mandated paperwork, along with any supporting documentation.
- It is the responsibility of the hiring department to monitor their budget in reference to monies being charged for student employment.
- I understand that this student-worker is not authorized to work more than 19 hours per week.
- I will advise the student to bring a printout of his/her current semester's class schedule (from the Registrar's Office) to verify full-time status and two forms of identification in order to satisfy the requirements of the Federal Immigration Reform and Control Act. Please contact Human Resources for a list of acceptable forms of identification.

Signature of Department Head

Date

Job Title: Hourly Wage:	Name of account to be charged:
Department:	Supervisor:

STUDENT INFORMATION:

Name: _____
Last First Initial

Social Security Number: _____ - _____ - _____

Address: _____
Street City State Zip Phone

Has this student worked on campus previously? _____ If yes, approximate date: _____