

## Permit to Work Form 2024-2025

## $\frac{\hbox{THIS FORM MUST BE SUBMITTED TO THE WORK STUDY OFFICE BEFORE WORK CAN}}{\hbox{BEGIN}.}$

S	oringSummerFall	
Name:First Name	Last Name	 Middle Initial
riist name	Last Name	Middle miliai
Last 4 digits of Student's SSN: _	Student's Email Address:	
If you cannot login to Paylo	city, please contact Mallory White	e at <u>mwhite@fhu.edu</u> .
TO BE FILLED OUT BY SUPERVISOR:	Do not begin working.	
The student on this form is eligible to begi	n employment under the designated pro	gram.
Is the student federal or non-federal as de	termined by (T:)/Resources/Work Study	/Workstudy Res Eligible?
@ Federal Award amount:	OR @ Non-federal A	Account #:
Position.		_
Department the job is assigned to:		
Supervisor the student is assigned to: —		
Rate of pay(if other than the normal rates	of \$7.50 for federal and \$6.85 for non-fe	deral):
PLEASE NOTE WOR	K STUDY AWARDS ARE SUBJECT	Γ TO CHANGE.
	and procedures of the FHU work by my supervisor by clocking in ar	
Student Signature	Da	te
Supervisor Signature	Dat	te
Work Study Coordinator	Dat	te
VP Signature (NON-FEDERAL ON	NLY) Dat	te