Permit to Work Form 2026-2027

THIS FORM MUST BE SUBMITTED TO THE WORK STUDY OFFICE BEFORE WORK CAN BEGIN.

__Spring __Summer __Fall

Name: _____ _____ _____
First Name Last Name Middle Initial

Last 4 digits of Student's SSN: _____Student's Email Address: _____

If you cannot login to Paylocity, please contact Mallory White at mwhite@fhu.edu.
Do not begin working.

TO BE FILLED OUT BY SUPERVISOR:

The student on this form is eligible to begin employment under the designated program.

Is the student federal or non-federal as determined by (T:)/Resources/Work Study/Workstudy Res Eligible?

@ Federal Award amount: _____ OR @ Non-federal Account #: _____

Position. _____

Department the job is assigned to: _____

Supervisor the student is assigned to: _____

Rate of pay (if other than the normal rates of $9.00 for federal): _____
Rate of pay for **non-federal** (VP decision): _____

PLEASE NOTE WORK STUDY AWARDS ARE SUBJECT TO CHANGE.

I agree to abide by the policies and procedures of the FHU work study program and work my hours as scheduled by my supervisor by clocking in and out on Paylocity.

_____
Student Signature Date

_____
Supervisor Signature Date

_____
Work Study Coordinator Date

_____
VP Signature (NON-FEDERAL ONLY) Date