



Permit to Work Form 2021-2022

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

If you cannot log into Paylocity there is a reason, please check with Jennifer Holdren at jholdren@fhu.edu. Do not begin working.

Date: _____

Name: _____
Last Name First Name Middle Initial

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

To be filled out by the supervisor:

Employee Information: The student on this form is eligible to begin employment under the designed program.

Is the student Federal or Non Federal as determined by the TDrive/Resources/Work Study/Workstudy_Res_Eligible?

Federal Non Federal

Department the job is assigned to: _____

Supervisor the student is assigned to: _____

Rate of pay if other than the normal rate \$7.50 for federal \$6.85 for non federal. \$ _____

Athletics use only: Front Desk Monitor Trainer Game Day Weight Room Monitor Other: _____

Please note: Work Study Awards are subject to change.

For Work Study Coordinator only:

Federal Work Study award _____ Non Federal Work Study award _____

I agree to abide by the policies and procedure 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

For HR use only FASFSFA I9 W4 I9 _____