



**IMPERIAL VALLEY
COLLEGE FINANCIAL AID
OFFICE**

**WORK-STUDY
AUTHORIZATION FORM
(July 1, 2024-June 30, 2025)**

**Student MAY NOT BEGIN WORK before this form is completed and approved by
Supervisor and Financial Aid Work-Study Coordinator**

Student Name: _____ G00#: _____

Agency/Department: _____

Address: _____

Authorized timesheet approver: _____ Phone: (____) _____

Name: _____

Title: _____

In compliance with IVC Work-Study Program procedures, students may not begin working until Work-Study Authorization is completed by Work-Study Coordinator. I understand any student working under my supervision will not exceed the total hours awarded and a record of time worked will be maintained by the department for a period of 3 years. I understand that Work-Study hours may be decreased/increased by Imperial Valley College based on the availability of funds. I, also, understand that if my assigned student(s) exceed their Work-Study hours, my department will be required to pay those wages from Agency / Department funds.

My signature below certifies that I have read, understood and agree to the statement of compliance above as well as read and understood the supervisors handbook. Further, I understand that failure to comply with the guidelines provided in the supervisor handbook, such as timely approval of time sheets, may result in departmental reassigning of work-study students.

Immediate Supervisor responsible for checking budget for adequate funds if applicable:

Immediate supervisor's name: _____

Immediate supervisor's signature: _____ Date: _____

<u>FINANCIAL AID OFFICE</u>	
Period of Service: From _____ 20 _____	through _____ 20 _____
FUND _____	ORG _____ Pay rate _____ Max hours/wk 15 hours
Initial hours for award year _____	Total amount awarded _____
Work-Study Coordinator signature _____	Date _____