## FEDERAL WORK STUDY PROGRAM Department Approval Form SUMMER 2013

STUDENTS: HAVE DEPARTMENT FILL OUT THEIR PORTION OF THIS FORM, YOU COMPLETE YOUR PORTION AND RETURN IT TO THE STUDENT AID OFFICE AS PART OF YOUR WORK STUDY PACKET

Student NamePSU ID			
Job Title	Award Amount	(Max=\$4000)	
Is this position located in Circle one: laboratory of	a laboratory or a clinical area? clinical area		
Department Hiring Student			
Budget Administrator Name			
Budget Admin. Ph#	Budget Admin FAX#	Mail Code	
Budget Admin. E-Mail address	:		
Dept Budget No	(from Job Description F	(from Job Description Form)	
Name of Supervisor	Title		
	Ext.		
	ion where student may be contacted ov Ext.		
BEGINNING AND ENDING DA Available dates 5/13/13 - 8/02/ <b>time</b> , no overtime permitted. S	ACKNOWLEDGEMENT OF THIS FO ATES OF EMPLOYMENT:/ 13; 400 hours (usually 10 weeks at 4) Students will not be paid by work-study to ubmitted before the summer semester	ORM  O hours per week) during thi funds if they work beyond	
	Supervisor S Campus Add	Signature dress	
	Telephone #		
	24.0		
APPROVED	Study Coordinator Office of Student A	.ffoire Date	