

IU Indianapolis Federal Work-Study (FWS) Authorization Agreement Form

EXPIRATION OF AUTHORIZATION: *Below form valid for AY 2024-2025.*

Eligibility dates: 8/4/2024-5/10/2025

STUDENT INFORMATION

STUDENT NAME: _____ USERNAME: _____ CAMPUS: _____

Student Award Amount \$ _____ (Award amount is in the student's One.IU account and needs to be the total of Fall and Spring)

Visit the Office of Student Employment website: employment.indianapolis.iu.edu for more information on work-study policies, finding a position to earn your award, hiring steps, and Frequently Asked Questions about work-study.

Part 1: STUDENT AGREEMENT: By signing this agreement, you are agreeing to adhere to all policies stated below.

WORK-STUDY AWARD LIMIT & EARNINGS

- I will monitor my work-study earnings/award balance and notify my supervisor when I have less than \$500 remaining.
- I will understand that if changes are made to my enrollment or financial aid package, I will immediately notify my supervisor as my award amount may be reduced.
- I understand that my work-study award money will be used by my department first before any other budget dollars for my hourly wages.

COMMUNICATION EXPECTATIONS & SUPERVISION

- I understand that, as a work-study student I am **NOT** permitted to supervise other student employees and can only work remotely if I have access to a supervisor during my entire shift. A Remote Work Agreement must be completed with Human Resources.
- I will contact Financial Aid representatives to discuss any pending scholarships that may affect my award amount/aid package.
- I will work together with my supervisor to determine scheduling needs and work-study award usage.

WORK HOURS/TIME SYSTEM

- I will **NOT** work more than 29 hours per week. If working in multiple campus positions, I understand that I may work a total of 29 hours for all positions worked. (i.e., 10 hours job 1 and 19 hours in job 2)
- I will inform my supervisor in writing/via email of any changes that need to be made to my online timesheet.
- Falsification of hours will result in immediate termination.
- I understand I am **NOT** permitted to work during regular scheduled class hours. Working during scheduled class times must be noted on my online timesheet as to the exception and reason class is not attended.

Student Signature: _____ Student IU email: _____ Date: _____

DEPARTMENT/AGENCY INFORMATION (All sections below are **required** to be completed by hiring EMPLOYER)

Campus Dept./Agency Name: _____

Payroll Processor: _____ Email: _____

Address: _____ City: _____ State: IN Zip Code: _____

STUDENT JOB ASSIGNMENT (To be completed by hiring EMPLOYER). **Job MUST be in Handshake to be approved.**

Student's Job Title: _____ Handshake Job ID # _____

Supervisor Name: _____ Student's Hourly Rate: \$

Average Hours per Week:

Part 2: SUPERVISOR AGREEMENT: By signing this agreement, you are agreeing to adhere to all policies stated below.

WORK-STUDY AWARD LIMIT & EARNINGS

- I am responsible for monitoring and tracking my student's earnings and that they do not exceed their award limit for the eligibility period.
- I understand my department will be 100% responsible for any amount earned over the student's limit.

PROGRAM EXPECTATIONS & COMMUNICATION

- I understand that a work-study student is **NOT** permitted to supervise other student employees and can only work remotely if they have access to a supervisor during their entire shift. A Remote Work Agreement must be completed with Human Resources.
- I understand that work study students cannot displace another university employee, this would result in losing the ability to hire work-study students.
- I will work together with this student to determine scheduling needs and work-study award usage.

WORK HOURS/TIME SYSTEM

- I will **NOT** allow this student work more than 29 hours per week. If working in multiple campus positions, I understand that they may work a total of 29 hours for all positions worked. (i.e., 10 hours job 1 and 19 hours in job 2)
- I will review/edit/approve student online timesheets according to the bi-weekly schedule as expected by IU Payroll.
- I understand students are **NOT** permitted to work during regular scheduled class hours. Working during scheduled class times must be noted on the online timesheet as to the exception and/or reason class attendance did not occur.
- **In the rare event that a student receives an additional financial aid award/scholarship/etc. that changes their financial need, the department will be responsible for paying the student from the departmental budget.**

Supervisor Signature: _____ IU Email: _____ Date: _____