

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

EXPIRATION OF AUTHORIZATION: *Form is valid for Summer 2025 only*

Eligibility dates: 5/11/2025-8/2/2025

STUDENT INFORMATION

STUDENT NAME: _____ USERNAME: _____ CAMPUS: _____

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

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 class hours. Working during scheduled class times must be noted on my online timesheet why the class was not attended.

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: _____