

Student ID: _____

Financial Aid Work-Study Request Academic Year 2015-2016

File the 2015-2016 Free Application for Federal Student Aid (FAFSA) before you request a work-study award.
 Complete and submit this form in the Financial Aid Office for each work-study job you plan to hold.

- Off-campus employers will receive an emailed work-study contract to complete and return to us – when returned you can visit the Mitchell Hamline Human Resources Office to be set up for employment.
- On-campus employees can visit the Mitchell Hamline Human Resources Office after this form has been turned to the Financial Aid Office.

Return this completed form to:

Office of Financial Aid | Mitchell Hamline School of Law | 875 Summit Avenue | St. Paul, MN 55105-3076
 Fax: (651) 290-6437 | Phone: 651-290-6403 | Email: workstudy@mitchellhamline.edu

AMOUNT OF ELIGIBILITY YOU ARE REQUESTING: \$ _____ **(Hourly wage x hours per week x number of weeks)**

Start Date	Position	Hourly Wage	Hours Per Week	Number of Weeks *

Work-Study Award: You may request up to \$6000 for an off-campus job, or up to \$4000 for an on-campus job.

Eligibility and earnings can be reviewed in your financial aid portal. **We will add the work-study earnings eligibility you request in place of loan eligibility in your financial aid items.**

EMPLOYMENT INFORMATION

ON-CAMPUS	
Faculty/Department	_____
Immediate Supervisor	_____
OFF-CAMPUS	
Organization Name	_____
Immediate Supervisor	_____
Email address	_____

I understand that as a work-study employee of the law school, I am earning a limited portion of my federal financial aid eligibility. In addition:

- **Prior to my first day of employment**, I agree to complete the required New Hire paperwork with **the law school's** Human Resources Department.
- I am responsible for submitting accurate and approved records of time worked via the law school's timekeeping system (KRONOS) no later than 5 p.m. Friday at the end of each bi-weekly (two week) pay period according to published payroll policy and procedures. **This includes submitting approved records in pay periods in which no hours were worked.**
- I agree to notify the **Organization I am working for** as I approach earning my work-study award allocation, if I terminate my enrollment (withdraw or graduate) with the college, or if I request the college to change my work-study amount.
- I agree to notify Financial Aid of changes to my employment status within 3 day at workstudy@mitchellhamline.edu

Student signature (not typed) _____

Print Name _____

Date _____

Financial Aid Office Use	Award: \$	Date	By
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For more information:

Financial Aid Office | mitchellhamline.edu/financial-aid/ | finaid@mitchellhamline.edu | 875 Summit Avenue Room 120 |
 St. Paul, MN 55105 | 651- 290-6403 | 1-888-962-5529 | Confidential Fax (651) 290-6437