

FINANCIAL AID WORK-STUDY REQUEST

Academic Year 2023-2024 (May 18th 2023 through May 12th, 2024)

MHSL ID: _____ Name: _____

YOU MUST HAVE A 2023-24 FAFSA ON FILE TO BE WORK-STUDY ELIGIBLE IN 2023-24.

Is this a work-study job continuing from 2022-23? NO YES

Is this a request to add a second work-study job in 2023-24? NO YES

Anticipated Start Date:

How much do you plan to earn? _____ (initial award up to \$4,000 on campus, \$6,000 off campus)

Work-study job details:

☐ **On-Campus ***

☐ **Off-Campus ****

Position _____

Faculty/MHSL Department* _____

Organization Name ** _____

Immediate Supervisor** _____

Supervisor Email Address** _____

I request that work-study eligibility be included in my 2023-24 Federal financial aid package.

I understand that I have the following responsibilities:

- **Prior to my first day of employment**, I agree to complete the I-9 document verification process in person with the School's Human Resources Department, room 274 in the LEC building. If working remotely, I agree to work with the Human Resources department to arrange a 3rd party verification. I also agree to complete additional onboarding documents online, as instructed by HR.
- I **can not** begin off campus employment until the school has received a signed contract from the outside organization. HR will contact you when all documents have been received.
- I agree to approve my hours in the Paycom timekeeping system each pay period **even if I have no hours to submit**.
- I accept responsibility for tracking my earnings in relation to my work-study eligibility. Earnings are posted on the Message tab in Financial Aid portal, the postings lag by at least one week and are most current within the Paycom system. Further, I accept responsibility to notify my immediate supervisor as my earnings approach my work-study award limit. I further agree to notify my supervisor if I withdraw or graduate from MHSL, or if I request the school to change my work-study amount.
- I agree to notify Financial Aid finaid@mitchellhamline.edu within 3 days of any changes to my employment status.

Student Signature (not typed)

Print Name

Date

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Office Use Only: _____