

## FINANCIAL AID WORK-STUDY REQUEST

Academic Year 2023-2024 (May 18<sup>th</sup> 2023 through May 12<sup>th</sup>, 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 \$6,000 on campus, \$8,000 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 3<sup>rd</sup> 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](mailto:finaid@mitchellhamline.edu) within 3 days of any changes to my employment status.

\_\_\_\_\_  
Student Signature (not typed)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Office of Financial Aid | Mitchell Hamline School of Law | 875 Summit Avenue | St. Paul, MN 55105-3076**  
**p: 651-290-6403 | f: 651-290-6437 | e: [finaid@mitchellhamline.edu](mailto:finaid@mitchellhamline.edu)**

Office Use Only: \_\_\_\_\_