MITCHELL | HAMLINE School of Law

FINANCIAL AID WORK-STUDY REQUEST

Academic Year 2026-2027 (May 19th, 2026, through May 17th, 2027)

****All fields required. Incomplete forms will not be processed****

MHSL ID: _____ Legal Name: _____

Phone: _____ Preferred Name: _____

Eligibility Verification: 2026-2027 FAFSA must be on file before work-study request can be approved.

Did you hold a work study position during 2025-2026? ☐Yes ☐No

Is this a request for an additional (second) work-study position during 2026-2027? ☐Yes ☐No

Check if you are taking **at least 6 credit hours**: ☐ Spring ☐ Summer ☐ Fall

Work-study job details: ☐ On-Campus ☐ Off-Campus

Expected Rate: ☐On-Campus $18.50 ☐Off-Campus (Per Contract)

If On campus: ☐ In person ☐Remote (Remote address)_____

Position _____

On Campus MHSL Department _____

Off Campus Organization Name _____

Immediate Supervisor _____

Supervisor Email Address_____

I request that work-study eligibility be included in my 2026-27 Federal financial aid package.

Please indicate below that you have read and agree to the following responsibilities.

✓I understand that I may **not** begin working until all required paperwork (including I-9 verification) is approved and I receive notification from HR that I may begin working.

☐I agree to submit and approve all hours worked, in Paycom no later than midnight on **the last Saturday of the pay period**, (even if no hours were worked)

☐ I have received a copy of the scheduled pay periods and pay dates. Please refer to this schedule to determine your first pay date.

☐I understand that failure to follow payroll, employment, or financial aid requirements may affect my work-study eligibility.

☐I agree to notify Financial Aid finaid@mitchellhamline.edu within 3 days of any change in status.

☐I understand that my employment ends on the **last day of the school year** and I am not approved to work hours past that date.

☐I understand that renewal requests must be submitted to Financial Aid at least two weeks **before** the end of school year.

☐I understand that this is a non-benefit eligible position and considered a nonexempt position which means I will be eligible for overtime pay for hours worked in excess of 40 hours in each workweek.

☐I understand that the school must take deductions from pay such as Federal and State Income Tax. Any deductions taken will be listed on the detailed pay statement.

_____

Student Signature Print Name Date

Return this completed form to:

Office of Financial Aid l Mitchell Hamline School of Law l 875 Summit Avenue l St. Paul, MN 55105-3076

p: 651-290-6403 | f: 651-290-6437 | e: finaid@mitchellhamline.edu

_____

Below is for Financial Aid Only:

Awarded Amount:_____

Anticipated Start Date:_____ Anticipated End Date:_____ Anticipated First Pay Date:_____