MITCHELL | HAMLINE School of Law

# FINANCIAL AID WORK-STUDY REQUEST

**Academic Year 2019-2020 (May 15th 2019 through May 12th, 2020)**

**MHSL ID: _____ Name: _____**

YOU MUST HAVE A 2019-20 FAFSA ON FILE TO BE WORK-STUDY ELIGIBILE IN 2019-20.

Is this a work-study job continuing from 2018-19? NO YES

Is this a request to add a second work-study job in 2019-20? NO YES

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

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

Position _____

Hourly Rate _____

Start Date _____

Faculty/MHSL Department* _____

Organization Name ** _____

Immediate Supervisor** _____

Supervisor Email Address** _____

**I request that work-study eligibility be included in my 2019-20 Federal financial aid package.**
**I understand that I have the following responsibilities:**

- **Prior to my first day of employment**, I agree to complete new hire paperwork with the **School's** Human Resources Department, room 276 in the LEC Building.
- I agree to approve my hours in the Kronos 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. 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 workstudy@mitchellhamline.edu within 3 days of any changes to my employment status.

_____

Student Signature (not typed) 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**

Office Use Only: _____