

La Salle University
Student Employment
Budget Category 57030

Section A: To be completed by student and supervisor.

Student Name: _____ Social Security #: _____

Street Address: _____ City: _____ State: _____

Department Name: _____ Banner Dept. #: _____

Has the student received Work-Study funds for the academic year? _____ yes _____ no

Has the student been hired in a Work-Study position for the academic year? _____ yes _____ no

Start Date (Month/Day/Year): _____ Hourly Rate: _____

Supervisor's Signature: _____ Date: _____

*Vice-President Signature required if hourly rate exceeds minimum wage.

Vice President's Signature: _____ Date: _____

Section B: To be completed by Student Financial Services.

Were Work-Study funds awarded? _____ yes _____ no

If terminated from FWS, date of termination: _____

SFS Signature: _____ Date: _____