

**Youngstown State University**  
Federal Work Study & On-Campus Student Employment  
Hourly Appointment Form



**Section I: To Be Completed by Student**

Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_  Cell  
 Permanent  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Street Address \_\_\_\_\_  Permanent  
 Temporary  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 I am a Graduate Assistant  Yes  No Department \_\_\_\_\_

I certify that the foregoing data are correct and I accept the position on the terms specified within, contingent upon the availability of funds and formal administrative approval. I recognize the salary is subject to such deductions as may be required pursuant to acceptable laws and regulations. The salary due me will be based upon the period of actual service and I will return to the University such part of my salary as is not actually earned on this basis.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section II: To Be Completed By Employing Department**

**•NOTE: ORIGINAL MUST BE FORWARDED FOR PROCESSING.  
FAILURE TO COMPLETE/ATTACH/FORWARD ALL REQUIRED FORMS PRIOR TO WORKING MAY DELAY PAYMENT.**

Employing Department Name \_\_\_\_\_ FOAP \_\_\_\_\_  
 Supervisor (print) \_\_\_\_\_ Supervisor's Position # \_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_ Ext. \_\_\_\_\_  
 Requested Effective/Starting Date \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Hrs. Per Week \_\_\_\_\_  
 Employment beginning  Summer  Fall  Spring (Check One)  
 Signature Authority for Account \_\_\_\_\_ Date \_\_\_\_\_

Student Job Title _____	Our Department
Position description is already on file with Student Life <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Web time entry
New Position description is attached <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Department time entry
	<input type="checkbox"/> Web time entry – clock in and out

Comments \_\_\_\_\_

**SECTION III: FWS Appointment – Completed By the Office of Financial Aid and Scholarships**

Federal Work-Study Eligible Limit \$ \_\_\_\_\_ Funding availability date \_\_\_\_\_  
 Not Federal Work-Study Eligible  
 Director, Office of Financial Aid & Scholarships \_\_\_\_\_ Date \_\_\_\_\_

**SECTION IV: To Be Completed by Student Life**

Academic Year	I-9 on file Yes No	Semester/Hrs X ___ F ___ S ___	Total Hours Completed	GPA	International Student <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, country _____ Authorized to work until ___/___/___

Approved Start Date \_\_\_\_\_  
 Office of Student Life \_\_\_\_\_ Date \_\_\_\_\_