Final 2016

Georgetown University Student Employment Office

Off-Campus Federal Work Study Hiring Form

Georgetown University Student Employment Office
3520 Prospect Street, NW | Car Barn, Suite 304 | Washington, DC 20057
Phone: (202) 687-4187 | Fax: (202) 784-4877 | finseo@georgetown.edu

Student's Identification Information:

Last: _____ **First:** _____ **MI:** _____

Date of Birth: _____ **GUID:** _____ **NetID:** _____
     (MM/DD/YYYY)

Important Student Hire Status Questions:

1) Student's Enrollment Status:

☐ Undergraduate ☐ Graduate ☐ Medical ☐ Law

2) What is the amount of the student's Federal Work Study Award?

Fall term: $_____ Spring term: $_____

3) Has the student previously been employed by Georgetown University?

☐ Yes ☐ No

4) Does the student have other jobs on campus at this time?

☐ Yes ☐ No

If yes, please enter other
Department Name(s):

Action Requested:

Date of Action: _____ ☐ New Hire ☐ Rehire ☐ Compensation Change
     (MM/DD/YYYY)

*Please enter the date the hourly student will start working. The student must complete the form I-9 with Georgetown's University Human Resources Office before the listed start date. **Students will not be cleared to begin working until the form I-9 has been completed.***

Job Information:

Job Title: _____

Scheduled Weekly Hours *(estimated):* _____   **Proposed Hourly Wage: $** _____

Work Location: _____

Job Description:

Please enter a detailed description of the job including the purpose of the position, duties and responsibilities of the student, and any required qualifications. A comprehensive job description is <u>required</u> for all Federal Work Study Positions.

Note: The following restrictions apply to hourly student jobs that will be filled by students who receive an FWS subsidy to their earnings:
- FWS employment must not displace employees or impair existing service contracts.
- FWS positions must not involve constructing, operating, or maintaining any part of a building used for religious worship or sectarian instruction.

Hiring Organization Information:

Organization Name: _____

Phone: _____

Supervisor Name: _____   **E-mail:** _____

Secondary Contact: _____   **Phone:** _____   **E-mail:** _____

Supervisor Verification:

By signing this form below, I am confirming that we have offered employment to this student and agree to promptly pay the employer share of the student's wages as invoiced by Georgetown University.

Supervisor's/Authorized Printed Name: _____

Supervisor's/Authorized Signature: _____   **Date:** _____

(MM/DD/YYYY)