



Office of Student Financial Aid
 4400 University Drive, MS 3B5, Fairfax, Virginia 22030
 Fax: 703-993-2350 financialaid.gmu.edu

2016-2017 Student Employment Verification Form

This form must be returned to the Office of Student Financial Aid prior to the student's employment start date.

Please print clearly:

Student's Name	G#
Email	Phone

THE STUDENT NAMED ABOVE HAS BEEN HIRED BY:

School/College/Department and Unit/Organization (Please write out entire name)	Org. Number

Building or Address for Off-Campus Org.	Room/Suite	Mail Stop

Direct Supervisor	Email	Phone

Additional Supervisor	Email	Phone

THE STUDENT WILL BE:

			WC	
Position Title & Classification	Hourly Rate	Start Date		Position Number

MY SUPERVISOR AND I UNDERSTAND THE FOLLOWING:

1. My total FWS award for 2016-2017 is \$ _____ and for the time frame of (Enter exact dates) _____ . (End date: no later than 6/30/2017)
2. It is my and my supervisor's responsibility to track the amount of FWS income earned and hours worked, as to not exceed the FWS award amount.
3. By signing this form we agree to follow the Federal Work-Study guidelines as listed in the Federal Work-Study Guide.
4. A student's FWS award is contingent on their financial aid package as a whole, any changes to my award package may affect my FWS award anytime during the 1617 aid year.

Employer's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Federal Work-Study Office Authorization: _____ Date: _____

EPAF's will not be approved until this form is received by the Federal Work-Study Coordinator.