Wayne County Community College District
FEDERAL WORK-STUDY PROGRAM AUTHORIZATION FORM

STUDENT SECTION

STUDENT NAME: _____
LAST **FIRST** **MIDDLE INITIAL**

ADDRESS: _____
STREET **CITY** **STATE** **ZIP**

STUDENT ID#: _____ **PHONE:** _____ **WCCCD EMAIL:** _____@stu.wcccd.edu

FEDERAL WORK-STUDY AWARDED: $_____ **TERM:** ☐**FALL** ☐**SPRING** ☐**SUMMER YEAR:** _____

NAME OF CAMPUS / ORGANIZATION: _____

SUPERVISOR SECTION

SUPERVISOR'S NAME: Anderson Tammy
LAST **FIRST**

FUND NUMBER: _____ **PHONE:** (313) 496-2634 ext.2689 **EMAIL:** tanders2@wcccd.edu

WORK-STUDY STUDENT START DATE: ASAP

STUDENT CERTIFICATION

I agree to accept employment in the department named above. I understand that I will be expected to perform my duties responsibly and to comply with the requirements of the job and the instructions of my supervisor. I further understand that I must meet the Satisfactory Academic Progress Standards established by the WCCCD Financial Aid Office at all times. I agree to maintain enrollment in an eligible degree or certificate program at WCCCD for a minimum of six (6) financial aid-eligible credit hours to continually hold an FWS position. I understand that I can work no more than 7.5 hours per day and not exceed 29 hours per week**. I understand that I must submit my total hours worked in Webgate and email my sign-in sheet to awatts1@wcccd.edu every other week on Wednesday by 4:00pm.** I am aware of the maximum earning limit based on the dollar amount awarded in the FWS funds and understand that once this amount has been earned, my position is concluded for the remainder of the academic year. I understand that I will receive an email from the District Financial Aid Office informing me when to start and stop working. Eligibility for the FWS program does not guarantee employment. **Please remember; it is your responsibility to monitor and track your Federal Work-Study Funds! I understand that students cannot work remotely.**

_____

Please Sign Above the Line Here: STUDENT SIGNATURE **DATE**

SUPERVISOR CERTIFICATION

I agree to hire the above-named student under the conditions described above. I will supervise the work performed and I will be responsible for approving the Work-Study employee timesheet for the Payroll Office. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined in the Work-Study Supervisor Orientation. I understand that students cannot work until I receive an email from the District Financial Aid Office authorizing the student to begin and end work assignments. I further understand that any violation of those procedures may jeopardize this department's participation in the program.

TAMMY ANDERSON
SUPERVISOR'S NAME **SIGNATURE** **DATE**

_____
CAMPUS PRESIDENT'S / VICE CHANCELLOR'S NAME **SIGNATURE** **DATE**

FOR OFFICE USE ONLY

FUND NO._____ **FEDERAL WORK-STUDY ADMINISTRATOR** **DATE** REV:1/5/2026