

**SAINT PETER'S COLLEGE
STUDENT EMPLOYMENT REFERRAL
ACADEMIC YEAR 2009-2010**

Effective Date of Referral _____

- () The following student is **eligible** to participate in the Federal Work-Study Program for the period from _____ to _____
- () The following student is **not eligible** to participate in the Federal Work-Study Program but may be hired by your department only if provisions for Non-College Work-Study funds have been made in your budget for the period from _____ to _____

STUDENT'S NAME _____

ADDRESS _____

SOCIAL SECURITY # _____ Date of Birth _____

YEAR FRESHMAN () , SOPHOMORE () JUNIOR () SENIOR () GRAD ()

AWARD AMOUNT **\$2000** RECOMMENDED WORKING HOURS PER WEEK **15**

STUDENT'S SIGNATURE _____

COLLEGE WORK-STUDY TECHNICIAN _____

DEPARTMENT _____

SUPERVISOR _____

LOCATION _____

TO BE COMPLETED BY DEPARTMENT SUPERVISOR:

The above-named student has been interviewed by me and has been found to be acceptable for employment under the following conditions:

Date of Interview _____ Starting Date _____

Job Classification _____ Level _____ Year on Campus _____

Recommended Rate of Pay per Hour \$ _____ Dept. Budget# _____

I, the Supervisor, agree to abide by the Federal Work-Study Regulations and the College Regulations governing student employment and understand that my signature on the student's time card is my certification that the work was performed in a satisfactory manner.

**SIGNATURE OF
SUPERVISOR** _____

DATE _____