



# Off-Campus Federal Work-Study Hiring Authorization

STUDENT  
EMPLOYMENT  
OFFICE

Tempe campus  
PO Box 870412  
Tempe, AZ 85287-0412  
Student Services Building,  
Second Floor  
Phone (480) 965-5186  
Fax (480) 965-9816  
seo@asu.edu

## SECTION A: EMPLOYER INFORMATION (PLEASE PRINT)

|             |          |
|-------------|----------|
| AGENCY NAME | AGENCY # |
|-------------|----------|

## SECTION B: STUDENT INFORMATION (PLEASE PRINT)

|                             |                 |                   |
|-----------------------------|-----------------|-------------------|
| FULL NAME (LAST, FIRST MI.) | 10-DIGIT ASU ID | 9-DIGIT CAMPUS ID |
| JOB NUMBER                  |                 |                   |
| HOURS PER WEEK              | START DATE      | STOP DATE         |

## SECTION C: REQUIRED ACTIONS, CERTIFICATION STATEMENT & AGENCY SIGNATURE

### Required Actions

1. Complete all sections of this form.
2. Only authorized agency hiring authorities may sign below.
3. Have student employee return the completed form to the ASU Student Employment Office at the address on the left. The student must meet with Student Employment staff to continue the hiring process.

*I hereby authorize the ASU Student Employment Office to complete the necessary hiring process for the student named above to work in the agency named above under the Federal Work-Study program. I am aware that the agency will be responsible for 50% of the student's earnings.*

|                      |       |                     |
|----------------------|-------|---------------------|
| AUTHORIZED SIGNATURE | DATE  |                     |
| PRINT NAME           | TITLE | OFFICE PHONE NUMBER |
| STREET ADDRESS       |       |                     |
| CITY, STATE, ZIP     |       |                     |