

**SAINT PETER'S COLLEGE  
STUDENT EMPLOYMENT REFERRAL  
Academic Year 2020-2021**

08/06/20  
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 20

\_\_\_\_\_

Kathy Trovato

STUDENT'S SIGNATURE

COLLEGE WORK-STUDY TECHNICIAN

GL ACCOUNT NAME \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

LOCATION \_\_\_\_\_

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**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 \$ \_\_\_\_\_ GL Budget# \_\_\_\_\_

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

**SIGNATURE OF SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_