NOTE: Students hired under the Work-Study Program may not displace regular employees or impair existing contracts for service.

District (if applicable): ___________________________ Date: ______
Agency/School Site Name: _____________________________
Phone: (____) ___________ Fax: (____) ______
Address: ____________________________________________

Contact Person for Work-Study (at your site):

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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E-mail (____) Phone (____) Fax

Please provide at least two signatures of persons authorized by your agency/site to approve time sheets. Authorized signatures should be from individuals who supervise student hours worked. Each school site within the district requires its own Exhibit (B) form. **NOTE:** A new Signature Authorization Form must be submitted if there are any additions or deletions.

Name and Title of Supervisors | Signatures | E-mail
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Return to: Kelly Stewart – Federal Work Study Coordinator
Financial Aid Office – 2106 Student Services Building
900 University Ave, Riverside, CA 92521-0211

For Financial Aid Office Use
Account #: ___________________________ Date: ______