

UNIVERSITY OF CALIFORNIA, RIVERSIDE

2018-2019 FEDERAL WORK-STUDY PROGRAM SIGNATURE AUTHORIZATION FORM

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: _____

Street
City
State
Zip Code

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

Name
Title

_____ (____) _____ (____) _____

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.

<u>Name and Title of Supervisors</u>	<u>Signatures</u>	<u>E-mail</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____