

**2019-2020 FEDERAL WORK STUDY 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 \_\_\_\_\_

Please provide at least two signatures of persons authorized by your agency/site to approve timesheets. 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/Title of Supervisor</u> | <u>Signature</u> | <u>Email</u> |
|---------------------------------|------------------|--------------|
| _____                           | _____            | _____        |
| _____                           | _____            | _____        |
| _____                           | _____            | _____        |
| _____                           | _____            | _____        |
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| _____                           | _____            | _____        |
| _____                           | _____            | _____        |

**CONTACT PERSON FOR SITE**

Name : \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**FOR FINANCIAL AID OFFICE USE**

Account # : \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Monica Martinez-Daniels  
 Financial Aid Office  
 2106 Student Services Building  
 900 University Ave, Riverside, CA 92521-0211