

DO NOT AMEND THIS FORM

Appendix D



Return this form and the job description to: Student Financial Services, Attention: Edrina Allen, PO Box 400204, Charlottesville, VA 22904, FAX: (434)243-6447 (fax will only accept work-study vouchers)

FEDERAL WORK-STUDY VOUCHER

Period of Award: August 24, 2010 – May 13, 2011

After you have interviewed and accepted a Federal Work-Study student, please complete this voucher and return it to Student Financial Services. Make sure that you keep a copy of this voucher for your records. Please attach your CAVLink job description.

Name of Student Employee: LAST FIRST MIDDLE

Student University ID:

Role Code: Undergraduates Graduates America Reads

Start Date: End Date:

CAVLink Job ID Number: Hours per Week: Hourly Rate:

Department Name:

PTAEO for 30% funding: (70% Award SR100195)

Contact Person for Oracle Responsibilities:

Phone Number Email Address:

When accepting this student for Federal Work Study funding, I agree to provide the student the opportunity to earn the full award amount. I also agree that this student will not perform work or services that conflict with Federal regulations for work study positions. Please refer to the Employer Handbook for specific details.

Immediate Supervisor's Signature

Date

Name of Immediate Supervisor (please print)

Phone

Each Work-Study employee must be initially set up for payroll with Human Resources and Labor Distribution in order to receive paychecks. Refer to the Employer FWS Handbook at http://uvaforms.virginia.edu/cgi-local/formsDir.cgi under the department of Student Financial Services for instructions on how to enter student employees. The Role Code, Start Date, and End Date notated above are information that will be needed in order to establish the student as a Work-Study employee.

-----Page 2 of FWS Voucher referring to: _____-----
Employee's Name

Total Award: \$ _____

Self-Service Manager's Name (**Print**) E-mail Address Phone

Manager's Signature Date

Employee's Signature Date