



2021 Summer Departmental Authorization Request

Student's Name: Last: _____ First: _____

Student's "R" Number: R _____ Summer I ____ Summer II ____

Student's 2021 Summer Award Hourly Rate of Pay:
\$ _____ / Per Hour Student Position (SA, GA) _____

Departmental FOP: _____ Department Name: _____

(Note: 25% of Student's Gross Wages will be covered by Departmental FOP)

Department Contact Person(s): _____ Contact Phone Number: _____

TEXAS TECH UNIVERSITY
FEDERAL WORK STUDY PROGRAM

Employment Agreement

CONDITION FOR EMPLOYMENT

1. This agreement is subject to provisions to Title IV, Part C of the Economics Opportunities Act of 1964, as amended, pertaining to the Federal Work Study Program. Failure to abide by the provisions of the act, the policies established by Texas Tech University governing student employment, or requirements outlined by the work supervisors, are grounds for immediate termination of this agreement. Failure to abide by these regulations may also result in the forfeiture of the employee's further opportunity for financial assistance at Texas Tech University.

2. ALL FEDERAL WORK-STUDY EMPLOYEES WHO HAVE NOT BEEN EMPLOYED PREVIOUSLY BY TEXAS TECH UNIVERSITY MUST COMPLETE TAX FORMS (W-4), ETC., BEFORE SUBMITTING A PAYROLL. FAILURE TO DO THIS WILL RESULT IN THE STUDENT BEING DELETED FROM THE PAYROLL.

3. I hereby certify, by my signature below, that I have read, understand, and agree to the conditions of this agreement.

DATE _____ [mm/dd/yyyy] EMPLOYEE SIGNATURE _____

DEPARTMENT AGREEMENT

I fully understand the terms of this agreement and agree that any gross amount earned by the student in excess of that indicated on the authorization card will be supported entirely from Departmental funds. I agree that when the student has earned The gross amount (limit of earnings), that he or she will not be continued in employment in the department without prior coordination with the Office of Financial Aid, even if the department plans on paying 100% of his/her wages. I agree that this agreement must be completed and on file in the Financial Aid Office no later than three working days from date of hire. I further understand that employment performed prior to completion of this agreement will not be supported through the Federal Work-Study Program.

Payroll Supervisor's Signature _____

PLEASE SCAN AND EMAIL COMPLETED AND SIGNED FORMS TO STUDENT.EMPLOYMENT@TTU.EDU