



Student Work-Study Permit (Please Print)

Colleague ID #: _____ Rust College ID #: _____

Last Name: _____ First Name: _____ MI: _____

SSN _____ Contact Number _____

Email Address: _____

Is this your first time participating on the Work Study Program? _____ Yes _____ No

If no, did you work during the fall and spring semester of the 2021-2022 academic year? _____ Yes _____ No

Previous Department and Supervisor: _____

SUPERVISOR: In accepting this applicant, I do so with the understanding that he/she will be provided and will work the maximum number of hours per month (as indicated below) and that the hours of this student must be carefully monitored. I do so with the understanding that my departmental budget will cover this student's entire salary. I will be responsible for completing and submitting the student's time sheet by 4:00 p.m. on the day published on the Work-Study Schedule. Any addition or change to the awarded amount and hours will be made **ONLY** by the Director of the Financial Aid.

Supervisor's Print Name _____

Supervisor's Signature _____ Department: _____

STUDENT: In accepting this Student Work-Study Permit, I understand that I must complete all the required interviews and forms required by the Financial Aid Office. I agree to abide by the rules and regulations of Rust College Work-study Program. I must show an interest in my work and complete all given task(s) to the best of my ability. As an employee of the work-study program, I am expected to perform all duties in a professional manner and to maintain the confidentiality of Rust College, its Faculty, Staff, and Student information. I understand that any breach of confidentiality is just cause for immediate dismissal from the Federal Work-Study Program. If I become less than a full-time student, I will immediately notify the offices of Financial Aid and Work-Study. I understand that the institution reserves the right to cancel this permit in case of financial exigency. Failure on my part to earn the full award will result in a cash payment becoming due and must be paid before registration. **I further understand that I will not be paid for any time worked in excess of the total award hours indicated**

Student Signature _____

*****DO NOT WRITE BELOW THIS LINE *****

For Official Use Only

*****DO NOT WRITE BELOW THIS LINE *****

DATE ISSUED: _____

WORK STUDY FUND: RUST _____ FEDERAL _____

DATE RECEIVED: _____

SUMMER AWARD AMOUNT: \$380.00 SUMMER AWARD HOURS: 40 SUMMER PAY RATE: \$9.50

Vivian Gullette - Assist. FA Director/Work-Study Coordinator