



| FOR FINANCIAL AID USE ONLY | |
|----------------------------|---|
| Status | <input type="checkbox"/> New <input type="checkbox"/> Transfer |
| Pay Grade | <input type="checkbox"/> 1 <input type="checkbox"/> 2 |
| Received Date | |
| Processed Date | |
| Submitted Date | |

Federal Work Study Assignment Notice

From: Erika Rodriguez, Financial Aid Specialist
To: Departments Employing FWS Students
Date: 2021-2022 School Year

Please complete the information requested and sign below indicating you would like to hire the student. The student should then deliver this form to the Financial Aid Office for processing.

Students will be permitted to work **16 hours per week** during the 2021-2022 school year which **begins August 16, 2021** and **ends on June 17, 2022** (Excluding the time period between the last day of Fall 2021 and prior to the first day of winter intersession). Students are not legally permitted to work before or after those dates. It will be your responsibility to monitor the student's hours each week and throughout the semester to ensure they are able to work until the end of the school year by limiting them to 16 hours.

NOTICE

CalWORKs students are subsidized by special funding through the California Community Colleges Chancellor's Office. As a result of this additional funding, CalWORKs students can work up to **20 hours per week**.

If you select a CalWORKs student to be hired, please send this completed form to:
CalWORKs Career Experience Program (CEP) PCC GG-217 Mail Code: G18 or by email to calworks@lbcc.edu.

For federal auditing purposes, you are required to submit a copy of the student's and supervisor's signed timesheet monthly to Erika Rodriguez via email to erodriguez@lbcc.edu. You are also required to retain in your office the original of the signed timesheet for 3 years from the end of the school year.

If the student you have chosen to hire is no longer eligible for FWS or for a reduced number of hours you will be notified when the student returns this form to the Financial Aid office.

Thank you for participating in the Federal Work-Study Program.

| | | | |
|--|--|------------|--|
| Today's Date | | Start Date | |
| Student Name | | ID No. | |
| Is your student a CalWORKs student? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Is your student a returning FWS participant? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Department Name | | Dept Code | |
| Time Keeper Name | | Extension | |
| Supervisor Name | | Extension | |
| Supervisor Signature | X | | |