

AUTHORIZATION TO SPLIT WORK-STUDY AWARD

University of Connecticut
 Office of Student Financial Aid Services
 Student Employment Unit
 233 Glenbrook Road Unit 4141
 Storrs, CT 06269-4141

PURPOSE

This form is to be used by students wishing to work two or more jobs concurrently.

Fax Completed Form To:
 (860) 486-6253

INSTRUCTIONS

Submit completed forms directly to the Student Employment Unit within the Office of Student Financial Aid Services.

Phone: (860) 486-3474
E-mail: studentjobs@uconn.edu
Website: http://studentjobs.uconn.edu

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID		
SECTION 2: Award Information		
Work-Study Award Period (check one)		
<input type="checkbox"/> Academic Year (Fall & Spring)	<input type="checkbox"/> Spring only	
<input type="checkbox"/> Fall only	<input type="checkbox"/> Summer	
Total award amount (indicate full academic year award, unless award is fall or spring only)		
\$		
SECTION 3: Details of Department 1		
First Department Name	Telephone Number	Payroll UBOX Number (Office Use Only)
Name of Departmental Contact/ Supervisor		
Work-study amount for first department (indicate full academic year, unless award is fall or spring only)		
\$		
SECTION 4: Details of Department 2		
Second Department Name	Telephone Number	Payroll UBOX Number (Office Use Only)
Name of Departmental Contact/Supervisor		
Work-study amount for second department (indicate full academic year, unless award is fall or spring only)		
\$		
SECTION 5: Student Authorization		
<p><i>I designate the authorized amounts listed above, for each place of employment, to be transferred by Student Financial Aid Services – Student Employment, providing funds are available. I understand that separate electronic Work-Study payroll time cards must be completed by each employing department by established Payroll deadlines, but only one paycheck will be issued and mailed to the first hiring department, unless I arrange otherwise.</i></p>		
Student's Signature _____		Date _____