

**FEDERAL WORK STUDY  
EMPLOYER VERIFICATION FORM  
2009-10**

Your financial aid award includes the Federal Work Study program, and to retain this program a job commitment from a Federal Work-Study (FWS) employer is required. After consulting with your FWS employer, **print and complete the bottom of this form and return it to the Financial Aid Office.**

If you wish to defer earning your work study until the Spring 2010 semester, you must indicate your deferment on this form. You will be required to confirm your employer in January 2010.

**DEADLINE TO RETURN THIS FORM: MONDAY, September 14, 2009**

- **Failure to complete and return this form by the deadline will result in the cancellation of your federal work study program.**

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**Employment Confirmation**

Student Name: \_\_\_\_\_

HSU ID: \_\_\_\_\_

**Please check one:**

- I am currently employed** for this academic year and have provided information about my employment below.

Employer/HSU Department: \_\_\_\_\_

Expected hours/week: \_\_\_\_\_ Projected Earnings through 5/19/2010: \$ \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- I am unable to work for the Fall 2009 semester** and would like to defer my employment until Spring 2010 semester. I understand that I will be required to provide employment information in January 2010 and failure to provide information will result in cancellation of my federal work study award.

If you have questions, please contact Heather Parker at [hap2@humboldt.edu](mailto:hap2@humboldt.edu) or 707.826.5380 prior to the above deadline.