

The National Hispanic University
Federal Work-Study
Office of Financial Aid
14271 Story Road San Jose, CA 95127
Fax: 408-254-1256

EMPLOYMENT REFERRAL FORM

The student named below is referred for employment in your department. Employment is authorized only after **Section III** has been completed. The employing department must complete and return this form to **the Office of Financial Aid**. If the student referred is not hired, the vacancy listed will remain open. If the applicant is accepted, it is understood by the department that this form must be returned **BEFORE** the student can begin working, and that failure to abide by the policies outlined in this referral will result in non-payment of student wages and/or cancellation of this employment referral.

SECTION I – APPLICANT AND EMPLOYER INFORMATION TO BE COMPLETED BY FINANCIAL AID OFFICE

Applicant _____ ID _____ SSN _____

Have you been awarded FWS? Yes _____ No _____ Position Applying For _____

Maximum Working Hours Per Week _____ Job Termination Date _____

Employment Authorized Under: **The National Hispanic University (FWS) Program**

Referred to: Name _____

Department _____

Approved: Date _____ By _____

SECTION II – HOURS OF EMPLOYMENT AND MAXIMUM EARNINGS

Recommended hours per week for this student _____. The maximum weekly working hours in Section I must be observed. The student may need to work fewer than twenty (20) hours per week to avoid reaching earnings limit before the job is scheduled to be terminated. You should compute the student's average working hours to determine the number of hours the student should work. This can be computed by dividing the hourly rate into the maximum earnings amount to determine the total hours of employment. Next, divide total hours of employment by the number of weeks the students will work. This will yield the average weekly hours of employment. In the event the student must average fewer than twenty hours of work per week. The student's class schedule must be attached to this form to avoid working class time.

SECTION III – TO BE COMPLETED BY EMPLOYING DEPARTMENT

() This employment applicant is acceptable and will start working on _____

() OR – applicant is not acceptable because _____

Supervisor's Signature _____ Date _____

Signature of other full-time University employee authorized to sign student's etime sheet.

Signature _____ Position _____ Date _____

Note: Only the signature(s) entered above will be honored on the student's payroll forms. **Stamped or Initialed signatures will not be accepted. Submit Resume and Employment Referral Form to Employing Department.**