



JOHNS HOPKINS

SCHOOL of ADVANCED INTERNATIONAL STUDIES

Office of Financial Aid • 1740 Massachusetts Avenue NW • Nitze Bldg Room 314 • Washington, DC 20036
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REFERRAL AUTHORIZATION FOR FWS EMPLOYMENT – BOLOGNA, ITALY

The office of Financial Aid certifies that _____ (ISIS ID _____) is eligible for employment through the Federal Work Study Program from the **2017-2018** academic year and may earn a **MAXIMUM GROSS COMPENSATION** of \$ _____ (amount of FWS allocated for 2017-2018).

If you reach a mutual agreement, each of you must sign below. Please be advised that students may work no more than 19 hours per week (38 hours per two week period). *Once the maximum award has been earned, subsequent requests for payment of the federal share of the student's salary will not be honored. The student and the supervisor are responsible for keeping track of the cumulative earnings. Excess earnings will be charged 100% to the employer's budget.* No payment will be made for invoices or payment requests received after **June 3, 2018**.

The Federal Work Study Program for the **2017-2018** academic year will begin **September 21, 2017**. The fall semester program will end on **January 19, 2018**. The spring semester program will resume **January 29, 2018** and end of **May 19, 2018**.

We have read, understood, and accepted the terms of the above Federal Work Study Agreement.

Supervisor's Name

Title of FWS Position

Name of Department/Cost Center/IO charged

Date Position Begins

Address

Date Position Ends

Telephone Number

Pay rate

SUPERVISOR

In accordance with FWS regulations, I agree to hire, supervise and monitor the earnings of the aforementioned student.

_____ Date

_____ Supervisor's Signature

STUDENT

In accordance with FWS regulations, I accepted the offered position and agree to monitor my earnings.

_____ Date

_____ Student Signature

FOR FA USE ONLY:

FAA initials: _____

Date: _____