



# JOHNS HOPKINS

## SCHOOL of ADVANCED INTERNATIONAL STUDIES

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### REFERRAL AUTHORIZATION FOR FWS EMPLOYMENT – NANJING CENTER

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 15, 2018**.

The Federal Work Study Program for the **2017-2018** academic year will begin **September 18, 2017**. The fall semester program ends on **January 12, 2018**. The spring semester program will resume **February 26, 2017** and end on **June 21, 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's Signature

**FOR FA USE ONLY:**

FAA initials: \_\_\_\_\_

Date: \_\_\_\_\_