

ACADEMIC YEAR WORK-STUDY REFERRAL FORM**Units/Departments**

- Complete the **Work-Study Referral Form** for **ALL** work-study students for the appropriate award period, as confirmed on the Work-Study Placement panel.
- Complete the **Student Personnel Action Form** to employ the student.
- Submit these two completed forms to UMD HR at hrmsforms@d.umn.edu. All documents must be received together.

About eligibility

- Half-time enrollment status (six credits for undergraduates, three credits for graduate students) is always the minimum enrollment requirement. Enrollment changes to less than full-time status can change Work-Study eligibility.
- If the offered amount changes, the Office of Financial Aid and Scholarships will notify the Unit/Department via E-mail.
- Earnings are not allowed after the award period end date, as noted on this form.
- Students are eligible to work prior to the beginning of fall semester at the employer's discretion, as long as the student is enrolled for fall semester at least half-time **before** they begin working.
- The total offered amount is intended to be earned **evenly** over fall and spring semesters. Units/Departments that wish to allow students to earn more than one half of the offer total during fall semester must contact the work-study coordinator in advance to determine the maximum allowable earnings for the term. Unused fall semester funding can be made up during spring term.

In completing this form, the Units/Departments

- agree to comply with all University student employment policies,
- have not used the Work-Study offer without the student's permission,
- will monitor Work-Study use, and understand the offer amount is the maximum in gross earnings that can be reimbursed by Work-Study funding,
- and will provide copies of time records, upon request, to the Office of Financial Aid and Scholarships.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information.

Work-Study Dates		
Earnings are allowed within these time frames, with the exception of official University holidays and closings.		
<input type="checkbox"/> Fall & Spring 8/2/21 - 5/8/22	<input type="checkbox"/> Fall Only 8/2/21 - 12/19/21	<input type="checkbox"/> Spring Only 12/20/21 - 5/8/22
Student information		
Student name—type or print neatly in ink		
Student ID Number	UMD E-mail address @d.umn.edu	Work-Study Total Offer Amount
Employment information		
Effective Date	Dept ID	Payroll Contact Name
Position #	Department Name	Signature
Job Record	Work Study Amount	Date Phone
If the work-study offer is split with another Unit/Department, complete the section below including the amount allocated for each job.		
Effective Date	Dept ID	Payroll Contact Name
Position #	Department Name	Signature
Job Record	Work Study Amount	Date Phone
Effective Date	Dept ID	Payroll Contact Name
Position #	Department Name	Signature
Job Record	Work Study Amount	Date Phone
UMD HR		
<input type="checkbox"/> Placed _____ Date	<input type="checkbox"/> Not Placed _____ Reason	Initials