



# Off-Campus Federal Work-Study Continuation Request

STUDENT  
EMPLOYMENT  
OFFICE

Tempe campus  
PO Box 870412  
Tempe, AZ 85287-0412  
Student Services Building,  
Second Floor  
Phone (480) 965-5186  
Fax (480) 965-9816  
seo@asu.edu

## SECTION A: EMPLOYER INFORMATION (PLEASE PRINT)

AGENCY NAME	AGENCY #
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## SECTION B: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
JOB TITLE		
HOURS PER WEEK	START DATE	STOP DATE

## SECTION C: REQUIRED ACTIONS, CERTIFICATION STATEMENT & SUPERVISOR SIGNATURE

### Required Actions

1. Complete all sections of this form.
2. Return completed form to the ASU Student Employment Office at the address on the left.
3. If you are continuing more than one student, please complete one form for each student.

*I hereby authorize the ASU Student Employment Office to complete the necessary process for the student named above to work in the agency named above under the Federal Work-Study program during the period indicated above. I am aware that the agency will be responsible for 50% of the student's earnings.*

SUPERVISOR SIGNATURE	DATE
PRINT NAME	TITLE
	OFFICE PHONE NUMBER