

FINANCIAL AID OFFICE

DUKE UNIVERSITY SCHOOL OF LAW

Work Study Verification Notice
Academic Year: 20 ____ / 20 ____

Name: _____

Social Security Number: _____

Address: _____

E-mail: _____

Phone Number: _____

TO BE COMPLETED BY FINANCIAL AID OFFICE

Work-Study Authorization (75%) Cost Center: _____ ; GL: 6088

Department Share (25%) Cost Center: _____ ; GL: 6088

Total Authorization (100%) _____

Financial Aid Authorization _____

LENA GARRETT
Financial Aid Coordinator

Date Approved: _____

NOTICE TO EMPLOYER

This form authorizes you to employ the student named above under the Work-Study Program. The student and the employer are both responsible for keeping track of the student's total earnings. When the student's total earnings equal the total authorization limit, the student must be terminated from the work-study code. Any amount the student earns in excess of the total authorization limit must be absorbed 100% by the department for which the student is working.