

Duke | Student Employment

Work-Study Off-Campus Hire Form

Organization's Name: _____

Job Title: _____

Period of Employment

Start Date: _____ End Date: _____

Hourly Rate of Pay: _____

I, the undersigned, confirm I have furnished the Organization a copy of my Work-Study Verification Form. I agree to notify the Organization of any revisions or changes in my work-study allocation. I understand that if I fail to notify the Organization of any change in my work-study status, the Organization may terminate my employment without notice.

Student Name: _____ Duke Unique ID _____

Student Signature: _____ Date: _____

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

Return this form to the Office of Student Loans & Personal Finance for approval of work study reimbursement.

Office of Student Loans & Personal Finance

2127 Campus Drive, Annex

Box 90755

Durham, NC 27708

Email: StudentLoans@duke.edu

For Office Use Only

Approved Work Study reimbursement dates:

Start _____ End _____

School Representative: _____ Title: _____

Signature: _____ Date: _____