

MULTIPLE WORK-STUDY EMPLOYMENT FORM

STUDENT'S NAME: _____

Federal College Work-Study and Duke Work-Study recipients who anticipate working at more than one location on the Duke University payroll system must have each employer sign the Multiple Work-Study Employment Form to insure that the total earnings do not exceed the work-study allocation of the student.

This form must be completed and returned to the Student Employment Office, Box 90397.

To be completed by employers only:

The student indicated above has been awarded a work-study allocation. Please check the student's Work-Study Verification Form for the type of work-study award and total allocation.

PRIMARY EMPLOYER: I understand that the student listed above will be employed in a secondary position requiring work-study funds.

Department: _____ Pay Point: _____

Print or type name: _____ Amount student will earn: _____

Signature: _____ Date: _____

SECONDARY EMPLOYER: I understand that the student listed above will be employed in a primary position requiring work-study funds.

Department: _____ Pay Point: _____

Print or type name: _____ Amount student will earn: _____

Signature: _____ Date: _____