NM STATE UNIVERSITY

University Financial Aid and Scholarships
MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

Work-Study Hiring Form for Off-Campus Agencies

Agency: _____ Date: _____

_____ New Employee at Agency Agency Preferred Hire Date: _____

_____ Rehire

Student's Aggie ID: _____

Name: _____ _____
Last First

Phone Number (local): _____ NMSU Email _____@nmsu.edu

☐ I understand that I may not start working until the hiring process has been finalized and approval from NMSU has been confirmed.

☐ I understand I must complete the mandatory compliance training within 30 days of hire, or will be subject to termination. I am responsible for checking my email for the compliance training notice.

Student Signature: _____ Date: _____

The above named student will be compensated at an hourly rate of $_____. It is understood that he/she may not start working at this agency until the hiring process has been finalized and approval from NMSU has been confirmed.

Supervisor Name (print clearly): _____ Signature: _____

Phone Number: _____ Email: _____ Date: _____

For office use only

Org Number: 521050 T-Org: T14463 Index Number: _____

Federal Award: _____ FA SP SU (circle one) Aid Year _____

EPAF Transaction #: _____