



University Financial Aid
and Scholarship Services

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

Male

Female

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.

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 #: _____