



Office of Financial Aid & Scholarships  
 Cal Poly Pomona  
 3801 W. Temple Ave.  
 Pomona, CA 91768-4008  
 (909) 869-3700 Phone  
 (909) 869-4757 FAX



**2024 – 2025  
 FEDERAL WORK STUDY EMPLOYMENT AGREEMENT (Academic Year)**

**A: Student Information Section: Student must complete all fields.**

Student Name: \_\_\_\_\_ Bronco Number: \_\_\_\_\_

FWS Award Allocation per semester: Fall \$ \_\_\_\_\_ Spring \$ \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B: Supervisor Section: Complete this section if you wish to hire this student for 2024-25 academic year and submit hiring form to [workstudy@cpp.edu](mailto:workstudy@cpp.edu) for processing. The student may begin work once student receives confirmation email from HR Customer Service.**

Student Job Title: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Handshake #: \_\_\_\_\_

Name of Employer/Department: \_\_\_\_\_ Rehire  Pay Rate: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Position No. 0000 \_\_\_\_\_

Department Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Bronco Number: \_\_\_\_\_ Email: \_\_\_\_\_

Does this position require **grading, tutoring or instruction** for the majority of the hours worked? Yes  No

If yes, an **Instructional Student Assistant Offer form** must accompany this Federal Work Study Agreement

**C: Job Description/Duties**

understand that the student above cannot begin to work until all employment documentation has been submitted to Human Resources. If the student is not eligible for work-study, or exceeds their award amount, the employer will be responsible for 100% of the student's wages.

HEERA Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Supervisor signature for off-Campus Employers)

**D: For Offices Only**

Financial Aid: Signature: \_\_\_\_\_

Student Empl/HR: Signature: \_\_\_\_\_

Payroll Services: Signature: \_\_\_\_\_

Visit us online at <http://www.cpp.edu/~financial-aid>