

THIS SECTION FOR OFF CAMPUS AGENCY ONLY: (Please complete this section)	THIS SECTION FOR FINANCIAL AID OFFICE ONLY:
ORG NAME: _____	FOAPAL: _____
ADDRESS: _____	SIS ACCT: _____
_____	PPS ACCT: _____
TELEPHONE NUMBER: _____	

**UNIVERSITY OF CALIFORNIA - SANTA CRUZ
 FEDERAL WORK-STUDY PROGRAM
 OFF-CAMPUS TIME SHEET SIGNATURE AUTHORIZATIONS**

The following signature has been designated by your agency as having authority to verify the hours reported on the Federal Work-Study time sheet as being a true record of hours worked. The Financial Aid Office will then authorize payment to the employee based on this verification. Your agency will be billed for your portion of the employee's wages plus a surcharge. **ONLY THE AUTHORIZED SIGNATORY LISTED BELOW MAY VERIFY A WORK-STUDY EMPLOYEE'S HOURS ON HIS/HER TIME SHEET. IF YOUR SIGNATURE ON THE TIME-SHEET DOES NOT MATCH YOUR SIGNATURE BELOW, THE TIME-SHEET WILL BE RETURNED TO YOU FOR VERIFICATION. THIS WILL DELAY THE PROCESSING OF THE TIME-SHEET!!!!**

These signatures are valid for the duration of the academic year unless cancelled or changed by written notice.

PRINT OR TYPE NAME BELOW	SIGNATURE	DATE
_____	_____	_____

**ORIGINAL: FINANCIAL AID OFFICE
 COPY 1: OFF-CAMPUS AGENCY
 COPY 2: CAREER CENTER**