

**THE CHICAGO-KENT COLLEGE OF LAW  
FEDERAL WORK-STUDY (FWS) - REQUEST FORM**

**COMPLETE ENTIRE FORM AND RETURN TO MICHELLE VODENIK AT  
[MVODENIK@KENTLAW.IIT.EDU](mailto:MVODENIK@KENTLAW.IIT.EDU) (This is a two-page document)**

If you would like to be considered for funding for Community Based Federal Work Study, you must submit this form to the Career Services Office. **In order to be paid with federal work study funds, 1) you must have a federal work study award available through your financial aid; 2) the organization or agency you work for must be in the federal work study program, and 3) you must provide identity and work authorization documents and participate in direct deposit in order to be added to the Chicago-Kent payroll.** There are a limited amount of Federal Work Study funds available during any given fiscal year, and you cannot be added to the payroll without the approval of the CSO.

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Student Name: \_\_\_\_\_  
CWID Number: \_\_\_\_\_  
Class Year: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Agency Supervisor: \_\_\_\_\_  
Phone number of Supervisor: \_\_\_\_\_  
Email Address of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Hours/Week Worked: \_\_\_\_\_ (20 hours max. Fall/Spring; 40 hours max. Summer)

Have you received Federal Work Study in a previous semester/summer? \_\_\_\_\_ If yes, at which agency, and please list the semester(s): \_\_\_\_\_

Are you employed and receiving wages from Chicago-Kent in any capacity at this time in addition to the above mentioned position? \_\_\_\_\_ If yes, for whom? \_\_\_\_\_

Do you expect to receive any compensation through grants or other funding for the above mentioned position? \_\_\_\_\_ If yes, from what source? \_\_\_\_\_  
How much? \_\_\_\_\_

Please initial to confirm that you must disclose whether you are receiving additional sources of funding, either as a salary, or as a grant, or in any other capacity. Please initial: \_\_\_\_\_

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I understand that it is my responsibility to inform the Career Services Office immediately if any of the information reported above changes. This includes, but is not limited to, any additional grants or funding that I am awarded and any decision to enroll in an externship for academic credit. I also understand that this is a REQUEST and therefore, it may be denied. By submitting this form, I certify that all of the information above is complete and correct.

Student Signature: X \_\_\_\_\_  
Date: \_\_\_\_\_

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# IIT Chicago-Kent College of Law Federal Work Study Program

## Student Responsibilities Checklist

**ATTENTION STUDENT: The Federal Work Study (FWS) student employment program at IIT Chicago-Kent is designed to help you earn a portion of your law school expenses while you gain valuable work experience. You may not earn more than the amount listed on your Financial Aid Award.**

**Please read and initial that you have read and understand the following:**

\_\_\_ I understand that I must maintain satisfactory academic progress, as defined in the Chicago-Kent Student Handbook, in order to participate in the FWS program. My employment may be terminated if my GPA falls below 2.0 and/or upon graduation, withdrawal or dismissal from IIT Chicago-Kent.

\_\_\_ I understand that it is my responsibility to monitor my earnings to avoid exceeding the amount of my Federal Work Study award.

\_\_\_ I understand that this is an employment opportunity and that I will be paid only for hours actually worked, approved by my supervisor, and submitted through a time sheet.

\_\_\_ I understand that my number of weekly working hours will be limited to either a) the number specified by my Eligibility Form or b) 20 hour per week in the fall/spring semesters and 40 hours per week in the summer, whichever is less.

\_\_\_ I understand that the number of weeks I am approved to work every semester will be limited by a start date and an end date as approved by program administrator.

\_\_\_ I understand that it is my responsibility to coordinate my work schedule with my supervisor and to meet this schedule to the best of my ability. If I am unable to work, I will be expected to notify my supervisor in advance.

\_\_\_ I also understand that I may NOT be paid for hours that exceed my gross award amount. I understand that I will be paid bi-weekly. It is my responsibility to complete my time sheet through the MyIIT portal, **by 5:00 pm** on or before the required date. In addition, it is my responsibility to confirm that a time sheet signed by my supervisor is submitted to the Administration & Finance Office **by 5:00 pm** on or before the required date. If my time sheet is completed incorrectly/inaccurately or submitted late, I may not be paid until the following pay period (No Exceptions).

\_\_\_ I understand that my job classification is as a non-exempt student/temporary employee. I am not eligible for benefits, and I will not accrue vacation time, sick leave, or paid holidays.

\_\_\_ I understand that a FWS position is a JOB. I should give my employer a two week notice prior to resigning my position. I further understand that I may be discharged by my employer for poor performance, misconduct, excessive absences, tardiness, or at will.

\_\_\_ **I understand that I must submit a new Community-Based Federal Work Study request form to the Career Services Office for every semester (fall, spring and summer) for which I would like to be paid with Federal Work Study funds.** I understand that Community-Based Federal Work Study money is subject to availability and that requests may not be approved.

\_\_\_ I understand that the Federal Work Study fiscal year begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup>. A Federal Work Study Award received within the year cannot be carried over to the next year. For example, if I have an Award in 2019-2020, I can only use that award until June 30<sup>th</sup>. As of July 1, I would need to use a Federal Work Study Award for 2020-2021.

\_\_\_ I understand that if I apply to use federal work study funds during Summer 2, i.e. after July 1, I must register for at least 6 credit hours in Fall of 2020 at Chicago-Kent, and be committed to continuing at Chicago-Kent in the Fall of 2020, as funds paid after July 1 are drawn out of my financial aid for the upcoming 2020-2021 school year.

**My signature below certifies that I have read, understood, and agree to the above statements.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ CWID #: \_\_\_\_\_