

MULTIPLE WORK-STUDY EMPLOYMENT FORM

STUDENT'S NAME: _____ **UNIQUE ID:** _____

Federal College Work-Study and Duke Work-Study recipients who anticipate working at more than one location on the Duke University payroll system must have each employer sign the Multiple Work-Study Employment Form to insure that the total earnings do not exceed the work-study allocation of the student.

The **Primary Employer** and **Secondary Employer(s)** must both keep a copy of this completed form for their records. Another copy must also be sent to the **Office of Student Loans & Personal Finance, Box 90755** OR scanned and emailed to StudentEmployment@duke.edu.

Forms without signatures from both employers will not be accepted. If extra space is needed to accommodate 3 or more jobs, please print an additional copy of this form and attach it to the first one.

Questions and concerns regarding this form or work-study in general may be sent to StudentEmployment@duke.edu.

TO BE COMPLETED BY EMPLOYERS ONLY:

The student indicated above has been awarded a work-study allocation. Please check the student's Work-Study Verification Form for the type of work-study award and total allocation.

PRIMARY EMPLOYER: I understand that the student listed above will be employed in a secondary position requiring work-study funds.

Department	Department Cost Object	4-Digit Org Key
Amount Student Will Earn	Anticipated Start Date	Anticipated End Date
Print Supervisor Name	Signature	Date

SECONDARY EMPLOYER: I understand that the student listed above will be employed in a primary position requiring work-study funds.

Department	Department Cost Object	4-Digit Org Key
Amount Student Will Earn	Anticipated Start Date	Anticipated End Date
Print Supervisor Name	Signature	Date