

## 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](mailto: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](mailto: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 award information within JobX for the type of work-study award & total allocation. ***If the primary department anticipates using the full amount of the work study award, the secondary position will have to use 100% dept funding.***

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

Department	Department Cost Object	<a href="#">4-Digit Org Key</a>
Anticipated Amount of Award to be Used	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	<a href="#">4-Digit Org Key</a>
Anticipated Amount of Award to be Used	Anticipated Start Date	Anticipated End Date
Print Supervisor Name	Signature	Date