

**UNIVERSITY OF COLORADO AT BOULDER  
OFFICE OF FINANCIAL AID/STUDENT EMPLOYMENT**

**OFF-CAMPUS WORK-STUDY PROGRAM  
2006-2007 ACADEMIC YEAR**

Name of Agency: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please find listed below the students who are employed by your agency for the summer 2006 term. **If the student is already employed with your agency this summer, he/she will not be required to stop in our office to fill out any paperwork. However, you will need to confirm below whether or not you are rehiring him/her and at what pay rate.** Please return this form by August 1<sup>st</sup>.

Continuing students (students who worked for your agency last academic year or this summer)  
**We will fax you an updated work-study eligibility form on each student.**

Name	EmplID	Old Pay Rate	New Pay Rate	Rehire	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

New students: (students who have never worked for your agency. These students must be sent to the Student Employment Office to complete paperwork before they begin working for your agency)

Name	EmplID

Please list any student who will no longer be employed with your agency

Name	EmplID

\_\_\_\_\_ I have not yet hired a Work-Study student.  
 \_\_\_\_\_ I will not participate in the Work-Study Program this academic year.

Please return this information to our office as soon as possible. You may mail it to University of Colorado at Boulder, Student Employment, 77 UCB, Boulder, CO 80309-0077 or you may fax it to (303) 492-4544. If you have any questions, please feel free to call us at (303) 492-3548.

Thank you!