

Bursar's Office Use	
ISSUED BY:	
DATE:	

## FEDERAL WORK-STUDY PAYROLL AUTHORIZATION FORM (PAF)

EMPLOYERS: COMPLETE ALL FIELDS, IF NOT RELEVANT ENTER NA

Please email completed form to workstudy@purdue.edu

First Name:	MI:	Award Year: 2023-2024	_
Last Name:		Period Of Eligibility:	
PUID:		Total Earnings Eligibility:	_
EMPLOYER: Review instructions at <u>https:</u>	://www.purdue.edu/dfa/aid	d/workstudy/	
STUDENT JOB TITLE:		POSITION #	
HOURLY RATE OF PAY: \$		START DATE:	
STUDENT'S DIRECT SUPERVISOR:		EMAIL COUNT: BUSINESS AREA 4000	
		Check One:61019001 – FWS, Reading Tutor61019002 – FWS, Math Tutor	
Off-campus: IO #		Department IO/WBSE #	
On-campus: IO #		ORGANIZATION UNIT NUMBER:	
ORGANIZATION UNIT NAME:		Department Fund #	
DEPT. MATCHING: BUSINESS AREA		PERNER#	
DEPT. COST CENTER		DEPT. NAME	
PAYROLL CLERK:		EMAIL	
BLDG or ADDRESS:		PHONE #:	

JO	DB DESCRIPTION:
1.	Purpose or role of the position within the organization.
2.	Duties and responsibilities associated with the position and how they relate to the purpose or role (mentioned above.)
3.	General qualifications for the position and the specific qualifications for the various levels or rates of pay associated with the position.

4. Evaluation procedures and schedule.