

<p>THIS SECTION FOR OFF CAMPUS AGENCY ONLY: (Please complete this section)</p> <p>ORG NAME: _____</p> <p>BILLING ADDRESS: _____</p> <p>_____</p> <p>TELEPHONE NUMBER _____</p> <p>(SIGNATORY BELOW)</p>	<p>THIS SECTION FOR FINANCIAL AID OFFICE ONLY:</p> <p>FOAPAL: _____</p> <p>CORP ACCT: _____</p>
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**UNIVERSITY OF CALIFORNIA - SANTA CRUZ
FEDERAL WORK-STUDY PROGRAM
OFF-CAMPUS TIME SHEET SIGNATURE AUTHORIZATIONS**

The following signature has been designated by your agency as having authority to verify the hours reported on the Federal Work-Study time sheet as being a true record of hours worked. The Financial Aid Office will then authorize payment to the employee based on this verification. Your agency will be billed for your portion of the employee's wages plus a surcharge. **ONLY THE AUTHORIZED SIGNATORY LISTED BELOW MAY VERIFY A WORK-STUDY EMPLOYEE'S HOURS ON THE UCSC TIME REPORTING WORKSHEET FOR YOUR AGENCY. THE STUDENT HOURS SUBMITTED ON CRUZ PAY WORK-STUDY TIMESHEET MUST MATCH YOUR APPROVED HOURS FOR IDENTICAL PAY PERIOD. IF ALL ABOVE DO NOT MATCH AND/OR ARE NOT RECEIVED BY DEADLINE, STUDENT'S TIMESHEET WILL BE REJECTED AND MANUAL LATE SUBMISSION WILL BE REQUIRED FOR PAYMENT TO EMPLOYEE.**

These signatures are valid for the duration of the academic year unless cancelled or changed by written notice.

PRINT OR TYPE NAME BELOW

SIGNATURE

DATE

ORIGINAL: FINANCIAL AID OFFICE
COPY 1: OFF-CAMPUS AGENCY
COPY 2: CAREER CENTER