2013-2014 Federal Work Study Increase Request Form

Section A

Student Name: _________________________  ID#: ______________________

<table>
<thead>
<tr>
<th>Original Awarded Amount</th>
<th>Requested Amount</th>
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Reason:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

______________________________________  Student Signature: ______________________

Section B: This section must be completed by your supervisor

Supervisors Name: ______________________________
Supervisors Email Address: _______________________
Supervisors Telephone Number: ____________________

On average, how many working hours a week does the above student complete? ___
Please give brief job description.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Supervisor Signature: ______________________

Office use only:

Prior requests? _____
Comments:

Approved______  Denied: ______  Officer’s Initials: ________