PURDUE UNIVERSITY® | Division of Financial Aid

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: __2024-2025_____

Last Name: _____   Period Of Eligibility: _____

PUID: _____   Total Earnings Eligibility: _____

EMPLOYER:
Review instructions at https://www.purdue.edu/dfa/aid/workstudy/

STUDENT JOB TITLE: _____   POSITION # _____

HOURLY RATE OF PAY: $ _____   START DATE: _____

STUDENT'S DIRECT SUPERVISOR: _____
_____NAME_____EMAIL_____

WORK-STUDY ACCOUNT: BUSINESS AREA   4000

Check One:	
____ 61019000 – FWS, Regular	____ 61019001 – FWS, Reading Tutor
____ 61019003 – FWS, Community Service	____ 61019002 – 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 #: _____

JOB 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.