PAYROLL AUTHORIZATION FORM

Please provide the names and signatures of persons from your agency authorized to approve Federal Work-Study time sheets within USFWorks. At least one representative from the agency will be required to obtain a USFWorks account to certify FWS time sheets.

AGENCY NAME: ____________________________________________________________

Name ___________________________ Signature ________________________________
Title ______________________________

Name ___________________________ Signature ________________________________
Title ______________________________

Name ___________________________ Signature ________________________________
Title ______________________________

Name ___________________________ Signature ________________________________
Title ______________________________

Name ___________________________ Signature ________________________________
Title ______________________________

Please notify the USF Student Employment Office in writing to change or revise authorizations.