Work-Study Employer - Yearly Agreement

To be completed by the employer

This form is to be completed and subm your name and date, you are verifying thave read and understood all Work-Stu	hat all information pro	vided is accurate an	d that you ar	, , , ,	
Name of Agency					
Address	City, State			ZIP	
	Tax Exemption ID Number			 Date	
Primary Contact Name	Primary Contact Email		Primary Contact Email		
Payroll (Billing Statements) Contact Name Payroll (Billing		illing Statements) Contact Email Pa		Payroll (Billing Statements) Contact Phone #	
Student Employee Supervisor Contact Name	Student Employee Supervisor Contact Email		Student Employee Supervisor Contact Phone #		
HireUTexas Contact Name (Post positions and Job Fairs)	HireUTexas Contact Email		HireUTexas Contact Phone #		
Important Documents for Work-Study E	mployment Are Locat	ed at https://finaid.ut	exas.edu/wo	rk-study/off-campus-employe	
	tudy Timesheet tudy Balance Sheet	Work-Study Sign-Up Sheet Paycheck Receipt Form		Billing Statement Separation Form	
NOTE: If you have questions about any of these materials all of the steps required and includes examples. B					
Please Attach and Upload: Agency's Pay Periods and Pay Dates (Direct Deposits and Paper Checks)					
Signature			<u> </u>	Date	