

Date: _____

OFF-CAMPUS WORK-STUDY FORM (PAGE 1 OF 2)

STUDENT LAST NAME: _____ **FIRST NAME:** _____

UNI #: _____ **EMAIL:** _____ **PROGRAM: MIA** _____ **MPA** _____

CURRENT ADDRESS _____ **PERMANENT ADDRESS:** _____

PHONE: _____ **PHONE:** _____

ORGANIZATION NAME: _____ **DEPARTMENT:** _____

ADDRESS: _____

Does your organization meet the following Federal eligibility requirements? Please initial which apply:

- Nonprofit organization with tax-exempt status (501(c)(3)) _____
- Non-sectarian _____
- Not affiliated with a political party _____
- Not lobbying before Congress _____
- NYC government agency _____
- Full-time staff member will supervise intern _____

SUPERVISOR: _____ **TITLE:** _____

PHONE: _____ **FAX:** _____ **EMAIL:** _____

DUTIES AND RESPONSIBILITIES (USE REVERSE SIDE IF NECESSARY):

INCLUSIVE DATES OF INTERNSHIP: FROM _____ **TO** _____

HOURS PER WEEK: _____ **NUMBER OF WEEKS:** _____ **SEMESTER:** _____

Student and employer complete this section: **HOURLY WAGE: \$12 PER HOUR** ___ **\$15 PER HOUR** ___ **Other \$** ___

OCS complete this section:

ORGANIZATION FUNDING (40% AMOUNT): _____ **ALLOTMENT (100%):** _____

COLUMBIA FUNDING (60% AMOUNT): _____

STUDENT SIGNATURE _____ **DATE** _____ **SUPERVISOR SIGNATURE** _____ **DATE** _____

SIPA OFFICE OF CAREER SERVICES SIGNATURE _____ **DATE** _____

STATEMENT OF UNDERSTANDING

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.

- 1. I understand that I can only be hired for Off-Campus Work-Study by an eligible organization, i.e., an organization that meets the following requirements:**
 - Is a nonprofit organization with tax-exempt status (501(c)(3)) or a NYC government agency;
 - Is non-sectarian;
 - Is not lobbying before Congress; and
 - Has a full-time staff member as supervisor over my internship.

- 2. My Work-Study allocation is \$ _____ for Fall _____ Spring _____.**

- 3. I understand that I may be allotted a proportion and not all of my Work-Study allocation by SIPA's Office of Career Services for this internship.**

- 4. I understand that I am responsible for completing all paperwork deemed necessary by the Work-Study Office BEFORE commencing employment.**

- 5. I understand that I am responsible for submitting timesheets to the Work-Study Office every two weeks and that the Work-Study Office is not required to pay students for timesheets that are more than four weeks old.**

- 6. I understand that I am responsible for submitting all timesheets for the semester by the last official day of the semester.**

- 7. I understand that I will not be paid for any work carried out due to my failure to comply with the above regulations.**

STUDENT NAME: _____

SIGNATURE: _____

DATE: _____

Complete the Off-Campus Work-Study Form (including the Statement of Understanding). Have it signed by the host organization and return it to OCS with 1) a letter confirming the internship on the host organization's letterhead and 2) confirmation of your Work-Study allocation (e.g., a print-out from SSOL). Once the form has been signed by OCS, bring the form to Columbia's Work-Study Office located at 210 Kent Hall to complete payroll procedures and to obtain paperwork for the host organization.