



## Work-Study Additional Position Agreement

Minnesota North College  
Financial Aid Office  
1515 East 25<sup>th</sup> Street  
Hibbing, MN 55746  
Phone (Local): 218.293.6850  
Phone (Toll free): 888.223.8068

Name: \_\_\_\_\_ Student ID / Star ID: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Complete upper portion of form and sign Student section.
2. Provide this form to each current and/or prospective supervisor to complete.
3. Submit completed form to the to the Work-Study Document Uploader

### Student

Because work-study is a form of financial aid, you are only allowed to earn up to the amount you were awarded. Working more than one position may limit the number of hours you can work for each, or limit the length of your employment. By signing below, you agree that you must discontinue working once you have reached your maximum award each term.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Supervisors

By completing and signing a section below, you agree that you have been informed that the above-named student may need to work a reduced schedule in one or more positions to ensure they do not earn more than their work-study allocation allows. **Please be as accurate as possible when estimating the number of hours per week the student will work in your department as both of their authorizations will be modified based on your estimates.**

#### *Supervisor A*

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Expected Hours/Week: \_\_\_\_\_

Anticipated Term(s) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name (Please Print)

\_\_\_\_\_  
Date

#### *Supervisor B*

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Expected Hours/Week: \_\_\_\_\_

Anticipated Term(s) Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name (Please Print)

\_\_\_\_\_  
Date