PAYROLL AUTHORIZATION FORM

Please provide the names and signatures of persons from your agency authorized to approve Federal Work-Study time sheets. By signing this form, the persons agree to complete the process necessary to obtain and maintain a USFWorks (Workday) account. At least one representative from the agency will be required to certify FWS time sheets in USFWorks.

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.