

******NCTC WORK STUDY ******

NAME _____ STUDENT ID _____

ADDRESS _____ CITY _____ STATE _____

ZIP CODE _____ Last 4# of SSN _____ PHONE # _____

EMAIL _____

****** OFFICE USE ONLY ******

OF HOURS PER WEEK 19 START DATE _____

HOURLY RATE = \$15.00 ESTIMATED TOTAL \$ AMOUNT _____

Department _____ Supervisor _____

Campus Gainesville __ Corinth __ Flower Mound __ Denton __

Graham/Bowie __ Off Campus __

Federal _____ State _____ New Hire _____ Re-Hire _____

List A (US Passport) _____ List B (Driver's License) _____ List C (SS Card) _____

Work Study Packet _____ Other _____

COMMENTS:

Email to HR for background check _____

Background check cleared _____

Email sent to IT for Tech Acct Request Form _____

RECOMMENDED _____ DATE _____
SUPERVISOR

RECOMMENDED _____ DATE _____
FINANCIAL AID

RECOMMENDED _____ DATE _____
PAYROLL PERSONNEL