### 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:**  
______________________________

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**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):**

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**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):** __________

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**STUDENT SIGNATURE** ____________________________  
**DATE** ____________________________  
**SUPERVISOR SIGNATURE** ____________________________  
**DATE** ____________________________

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

**Updated 8/12**
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.