



Oglala Lakota College  
Financial Aid Department  
P.O. Box 490  
Kyle, S.D. 57752-0490  
Telephone (605) 455-6037  
Financial-aid@olc.edu

## Federal Work-Study Program (FWS) Supervisor Checklist

**The checklist must be completed before submission.**

Please only submit once all documents are completed.

- Student Federal Work-Study Application
- The OLC Work-Study confidentiality agreement
- Work and Class Schedule (Students are not permitted to work in FWS positions during scheduled class times.)
- Work Study Time Sheet (Timesheets are due for Work-study students during the same time as OLC Employees on Friday by noon.)
- The I-9 Employment Eligibility form with forms of Identification (Driver's license, state ID, Social Security Card, U.S. Passport, military ID, Student ID with photo, Clinic record).
- W-4 form
- Work-Study Evaluation form (Evaluation form will need to be submitted when the FWS Student completes hours by the Supervisor.)

**Note:** Students must have a FAFSA on file and be Pell-Eligible to be considered for FWS. *Work-Study Guidelines are attached to the checklist for supervisor and student information.*

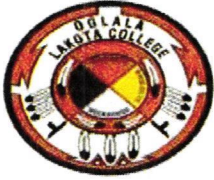
### Supervisor Signature

*By signing this, I certify that this student has all the above documents on file at the Oglala Lakota College.*

Print Full Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

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



Oglala Lakota College  
 Financial Aid Department  
 P.O. Box 490  
 Kyle, S.D. 57752-0490  
 Telephone (605) 455-6037  
 Financial-aid@olc.edu

## Federal Work-Study Program (FWS) Student Financial Aid Application

The Federal Work-Study Program is designed to provide part-time employment to students requiring financial aid to attend OLC. The Financial Aid Department determines eligibility for FWS.

### Applicant Information

Full Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ OLC Student Email \_\_\_\_\_

Home Center: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Site Location Applying for: \_\_\_\_\_ Academic Year: \_\_\_\_\_ Semester Applying for:  Fall  Spring  Summer

### Student agreement to terms and conditions

When determined eligible for part-time employment through the FWS program, I hereby agree to the following terms and conditions:

1. Compensation at an hourly rate of 14.48 per hour for 20 hours per week. Exception to be made only by the financial aid office.
2. A completed FAFSA must be on file for each academic year a student requests FWS. The academic year runs from July 1 through June 30.
3. To perform any assigned duties responsibly and satisfactorily. Failure to do so may result in termination of my employment.
4. To remain in good academic standing and demonstrate academic progress while employed with the FWS program.
5. All required forms: **FWS Application, W-4, And an I-9** (Employment Eligibility Verification form), **two forms of ID** (Driver's license, state ID, Social Security Card, U.S. Passport, military ID, Student ID with photo, Clinic record) are to be signed and returned to the Financial Aid Office.

### Disclaimer and Signature

*I certify that my answers are accurate and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section Completed by Financial Aid Department

Satisfactory Academic Progress: SAT  WARN  SUSP  PROB  Notes: \_\_\_\_\_

Student Education Level: FR  SO  JU  SR  Current Enrolled Hours: \_\_\_\_\_

SAI: \_\_\_\_\_ Pell Amount: \_\_\_\_\_ FAFSA Complete  YES  NO  Does Student Have Need?  Yes  NO  Amt. of Need: \_\_\_\_\_

Approved:  YES  NO  Hours Eligible For: \_\_\_\_\_ Disapproved, reasons: \_\_\_\_\_



Oglala Lakota College  
Financial Aid Department  
P.O. Box 490  
Kyle, S.D. 57752-0490  
Telephone (605) 455-6037  
Financial-aid@olc.edu

## Federal Work-Study Program (FWS) Confidentiality Agreement

### Student Agreement to terms and conditions

Employee and student information from any source and in any form (such as paper, talking, and computers) is confidential. I Shall protect the privacy and confidentiality of students and employee information. Access to this information is allowed ONLY if I need to know it to do my job.

In my job, I may see or hear confidential information on:

- Student information such as grades, financial aid, and family information of financial assistance.
- Employees, Volunteers, students, contractors, BOT, and Local Board information such as salaries, employment records, and disciplinary actions.
- Business information such as financial aid records, reports, memos, contracts, computers, programs, and technology.
- Third Party information such as vendor contracts and computer programming technology.
- Operations improvement, quality assurance, peer review information, reports, and presentation survey results.

I agree that:

1. I will only access the information I need to do my job.
2. I will not show, tell, copy, give, sell, review, change, or trash any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedures (such as shredding confidential papers before throwing them away.)
3. I will not misuse or be careless with confidential information.
4. I will keep my computer passwords and phone codes secret and not share them with anyone.
5. I will not use anyone else's password to access any OLC system.
6. I am responsible for any access using my password.
7. I will not share confidential information even if I am no longer an OLC/ FWS employee.
8. I know that my access to confidentiality information may be audited.
9. I will tell my supervisor if someone knows or is using my password.
10. I know that confidential information I learn on the job does not belong to me.
11. I know that OLC may take away my access at any time.
12. I will protect the privacy of our students and employees.
13. I will not make unauthorized copies of OLC software.
14. I am responsible for my use or misuse of confidential information.
15. I am responsible for my failure to protect my password or other access to confidential information.
16. I will treat all information as confidential unless otherwise informed.

### Student Signature

*Failure to comply with this agreement may result in the termination of my employment at OLC and/or civil or criminal legal penalties.*

*By signing this, I agree that I have read, understand, and will comply with this agreement.*

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Department: \_\_\_\_\_







**Employment Eligibility Verification**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 07/31/2026

**START HERE:** Employers must ensure the form Instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.			Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
			<input type="checkbox"/> 1. A citizen of the United States			
			<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)			
			<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>    <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					
					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	AND	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.