

STUDENT EMPLOYMENT FORM

Student Information: Student's Name: _____
(Student Completes)

Year in College (circle one): First Second Third Fourth Fifth

Cell Phone #: _____ Campus Box #: _____

E-mail Address: _____

Social Security Number: _____

Major: _____ Date of Birth: _____

Have you worked for this employer previously? Yes _____ No _____

Are you going to have more than one work-study position this year?

Yes _____ No _____ Possibly/Not Sure Yet _____

If yes, where? _____

Student's Signature

Date

Students: Please read and sign the Student Employment Agreement on the back of this form.

Hiring Information: Department/Office: _____
(Supervisor Completes)

Account Number: _____

Supervisor's Name: _____

Student's Job Title: _____

Is this a **new** _____ or **reinstated** _____ employee?

Date employment will begin: _____

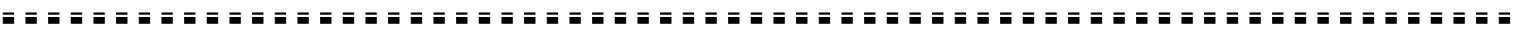
Supervisor's Signature

Date

Supervisors: If you need this form for your files, please photocopy.

****Please remember that students cannot begin working without a signed Work Permit.****

Please do not write below this line.



Financial Aid

Award: _____
Approval: _____
Date: _____

Human Resources

Tax Forms/I-9: _____
Approval: _____
Date: _____

Career Services

Wage: _____
Approval: _____
Date: _____

STUDENT EMPLOYMENT AGREEMENT

I understand that this is a work program and I am expected to perform assigned duties in a mature and responsible manner under the direction of my supervisor.

I understand that I will be terminated from my position if I do not perform my duties in a satisfactory manner, and that securing another job may not be possible.

I understand that I am expected to arrive at my job on time and that I must call my supervisor if being late is unavoidable. If I am unable to work a scheduled shift, I will give my supervisor at least one day's notice, except in the case of illness or emergency. In those cases I will give as much notice as possible. If applicable, and as instructed by my supervisor, I will make every attempt to secure a substitute.

I understand that I am eligible to earn a pre-determined amount for the school year as established by the Financial Aid Office and I am responsible to not exceed that amount.

I understand that if I choose to work fewer hours, or accept a job that offers fewer hours, I may not earn the full amount of money allotted by the Financial Aid Office. The College is not responsible for making up any deficit.

I understand that I will be paid bi-weekly for the number of hours worked during the appropriate payroll period. Checks will be available at the Accounting Office window **ONLY** if the proper forms have been completed and turned in to the Human Resources Office, i.e. W-4 (tax form) and Employment Eligibility Verification (I-9), and the Office of Career Development, i.e. Student Employment Form.

I understand that I am encouraged to hold only one work-study job. In certain circumstances, students are allowed to hold two different work-study jobs. For instance, when they cannot get enough hours at one job and need an additional job to earn their entire grant. Permission to do this must be granted from an Office of Career Development staff member.

I understand that earnings from the Work-Study Program (Federal Work-Study and Stephens Employment) are part of my financial aid package. I understand that financial aid packages are designed to provide students with funds needed to meet their college costs and so, that's where I'm encouraged to apply my earnings.

I have read and understand this Student Employment Agreement.

Student's Signature _____ Date _____