

Student Employee Conditions of Work Agreement
2023-2024

A. Student's Information

Student's Name	Employee ID

B. Job Information

Job Title	Dept No.	Position Code	Supervisor	Assigned Hours

C. Conditions of Work Agreement

Review and initial next to each statement.

_____ Student employment opportunities are limited, and my supervisor depends on me for the effective dates of employment and the assigned hours. Work which has been assigned may be withdrawn at any time by the supervisor or the Director of Human Resources for any of the following reasons: (a) Failure to maintain a high standard of conduct as defined by my supervisor, (b) Negligence or inefficiency in the performance of work which has been assigned, or (c) The position has been eliminated.

_____ If an opportunity for student employment is included as part of my need-based financial aid package, otherwise known as Federal Work-Study, federal regulations require that the proceeds be used for payment of expenses that are related to the cost of my college or job-related expenses. I agree to monitor my hours worked and earnings to assure that I do not earn more than the maximum amount allowed as indicated by financial aid. If I earn more than the maximum amount of my eligibility, my financial aid package will be subject to adjustment. **Per Department of Education policy, students are not allowed to work more than 20 hours a week.**

_____ If I have not been awarded a need-based job opportunity (Federal Work-Study) as part of my financial aid package, for some job positions, my employment may be terminated or my hours reduced if it is necessary for the College to place an eligible student in this assignment.

_____ I understand that I must obtain authorization from Human Resources, Financial Aid, and my Supervisor before accepting any other campus employment positions.

_____ Each student employee is responsible for clocking in/out during their actual hours worked and approving their timesheet monthly for the previous month's hours worked, in order to be paid by the 25th of the month.

D. Student Signature

I have read the conditions of this work agreement and agree to abide by these conditions in my assigned position(s). I further understand that my employment can be terminated if I fail to abide by these conditions.

Student's Signature	Date

****Please sign and return this form to Human Resources****