



STUDENT EMPLOYMENT CONTRACT AND CERTIFICATION
Office of Human Resources

I. STUDENT'S INFORMATION

STUDENT NAME: _____ SSN: _____

ADDRESS: _____

SIGNATURE: _____ Date: _____

II. SUPERVISOR'S INFORMATION

STUDENT EMPLOYMENT START DATE: _____

STUDENT EMPLOYED IN THE DEPARTMENT OF: _____

ACCOUNT NUMBER TO BE CHARGED: _____ Hourly Rate:\$ _____

WEEKLY HOURS: _____ BUDGETED HOURS PER SEMESTER: _____

TOTAL HOURS FOR THE SEMESTER/YEAR _____ AWARD FOR SEMESTERS/YEAR(S) _____

(Supervisor PRINT NAME HERE)

(Supervisor SIGNATURE)

(Time Card Approver PRINT NAME HERE)

(Time Card Approver SIGNATURE)

CONTRACTUAL AGREEMENT

- 1. STUDENT WORK PERIOD WILL BEGIN ONLY AFTER APPLICATION HAS BEEN APPROVED.
2. THIS AWARD IS FOR THE PERIOD OF: _____
3. STUDENT MUST BE ENROLLED AT LEAST SIX (6) HOURS.
4. STUDENT MUST NOT EXCEED 20 HOURS PER WEEK. EXCEPTIONS MAY BE GRANTED TO DEPARTMENTS WHERE STUDENT'S SERVICES ARE VITAL TO THE OPERATION.
5. STUDENT MAY NOT BE ON FEDERAL COLLEGE WORK STUDY PROGRAM CONCURRENTLY.
6. STUDENT MUST REPORT THIS INCOME ON THEIR APPLICATION FOR FEDERAL STUDENT AID.
7. SUPERVISOR AND STUDENT ARE RESPONSIBLE FOR RECORDING AND MAINTAINING ACCURATE TIME AS IT IS WORKED.
8. THE UNIVERSITY RESERVES THE RIGHT TO REVOKE THIS ASSIGNMENT WHEN WORK, CONDUCT, OR ATTITUDE IS UNSATISFACTORY, OR BUDGET SHORTFALL IS EXPECTED.
9. PLEASE BE ADVISED THAT BY PLACING YOUR SIGNATURE ON THIS FORM, YOU ARE CONSENTING TO THE AFOREMENTIONED STIPULATIONS AS BINDING IN THIS AGREEMENT WITH THE INSTITUTION.

1. APPROVED: _____ DATE: _____
(BUDGET OFFICER/GRANTS OFFICER)

2. APPROVED: _____ DATE: _____
(FINANCIAL AID OFFICER)

3. APPROVED: _____ DATE: _____
(HUMAN RESOURCES OFFICER)