



STUDENT EMPLOYMENT CONTRACT AND CERTIFICATION
OFFICE OF HUMAN RESOURCES

I. STUDENT'S INFORMATION

Student ID#: _____

STUDENT'S NAME: _____ SSN: _____

ADDRESS: _____

SSU Email Address: _____

SIGNATURE: _____ DATE: _____

II. SUPERVISOR'S INFORMATION: STUDENT START DATE: _____ END DATE: _____

STUDENT EMPLOYED IN THE DEPARTMENT OF: _____

ACCOUNT NUMBER TO BE CHARGED: _____ Position# _____

HOURLY RATE: _____ WEEKLY HOURS: _____ TOTAL HOURS PER SEMESTER: _____

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

(DEAN, DEPT. CHAIR/DIRECTOR - PRINT NAME HERE)

(SIGNATURE)

TIMECARD APPROVER - PRINT NAME HERE)

(TIMECARD APPROVER SIGNATURE)

CONTRACTUAL AGREEMENT

- 1. STUDENT WORK PERIOD WILL BEGIN ONLY AFTER APPLICATION HAS BEEN APPROVED.
2. STUDENT MUST BE ENROLLED AT LEAST SIX (6) HOURS.
3. STUDENT MUST NOT EXCEED 19 HOURS PER WEEK.
4. STUDENT MAY NOT BE ON FEDERAL COLLEGE WORK STUDY PROGRAM CONCURRENTLY.
5. STUDENT MUST REPORT THIS INCOME ON THEIR APPLICATION FOR FEDERAL STUDENT AID.
6. SUPERVISOR AND STUDENT ARE RESPONSIBLE FOR RECORDING AND MAINTAINING ACCURATE TIME AS IT IS WORKED.
7. THE UNIVERSITY RESERVES THE RIGHT TO REVOKE THIS ASSIGNMENT WHEN WORK, CONDUCT, OR ATTITUDE IS UNSATISFACTORY, OR BUDGET SHORTFALL IS EXPECTED OR TO COMPLY WITH POLICY.
8. 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)



STUDENT CONFIDENTIALITY AGREEMENT AND ETHICS COMPLIANCE

As a student employed in _____, I understand that I will have access to confidential information/conversations. As a condition of my employment, I fully understand and agree to treat any and all information that I directly or indirectly obtain confidentially.

I acknowledge and agree that I shall not remove or disclose documents, equipment and/or information that I access, become aware of or obtain during the course of my employment.

During the course of employment, I may have access to personally identifiable employee and student information contained in educational records maintained by the University. My access to information is subject to the Family and Educational Rights and Privacy Act of 1974 ("FERPA") and to the University's policies regarding FERPA. The University certifies that it has a legitimate educational interest in providing such access to me, but only to the extent necessary to fulfill my job responsibilities and as deemed necessary by the University.

I acknowledge and agree that I shall not disclose employment or educational records and/or student information contained in records of the University, nor am I authorized to photocopy, remove or access any information except as expressly authorized by the University.

I understand Savannah State University is committed to the highest ethical and professional standards of conduct in pursuit of its mission to create a more educated Georgia. Accomplishing this mission demands integrity, good judgment and dedication to public service from all members of the USG community.

Further, I understand Savannah State University affirms each person's accountability for individual actions, and recognizes that the shared mission and the shared enterprise of the institution require a shared set of core values and ethical conduct to which each individual must be held accountable. Furthermore, I acknowledge that an organizational culture grounded in trust is essential in support of core values and ethical conduct to include, but not limited to, integrity, excellence, accountability and respect.

By signing my name to this document, I accept these terms and conditions as part of my employment and fully understand that my failure to adhere to this agreement will result in the immediate termination of my employment with the University.

Student's Name (Print): _____

Student's Signature: _____

Date

Witness by: Supervisor's Signature Date