



STUDENT EMPLOYMENT CONTRACT AND CERTIFICATION
OFFICE OF HUMAN RESOURCES

I. STUDENT'S INFORMATION

STUDENT'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

II. SUPERVISOR'S INFORMATION: STUDENT START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

STUDENT EMPLOYED IN THE DEPARTMENT OF: \_\_\_\_\_

ACCOUNT NUMBER TO BE CHARGED: \_\_\_\_\_ 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)