

Work Study Employment Form

AWARD PERIOD 2006-2007 EMPLOYMENT TERM FALL SPRING SUMMER

STUDENT EMPLOYMENT AUTHORIZATION

This form must be completed by the Supervisor and the Student Employee. I-9 and W-4 forms must be on file before a student is authorized to work. If required forms are not on file before timecard is submitted; the student will not be paid. This certifies that this student is eligible to work. This form should be completed for every position held during the federal fiscal year (July 1-June 30), a separate form for summer work, and yet another form when the rate of pay changes.

Students Name _____ Student ID# _____

Permanent Address _____

City, State, Zip _____ AU Box # _____

FRESHMAN SOPHOMORE JUNIOR SENIOR MALE FEMALE

Department _____ Dept Account # _____

Hourly Pay Rate \$ _____ Hours Per Week _____

Job Title _____ Supervisor _____

Job Duties and Responsibilities _____

STUDENT EMPLOYEE WORK AGREEMENT

The Student Employment Office will not compensate for more than the indicated award amount without prior approval. Time sheets must be kept and certified for each pay period by the supervisor. The FWS/NON FWS award is divided into two equal amounts. Students can earn up to one half of their award during Fall semester and one half during Spring semester. The maximum number of hours a student is allowed to work per week is based on grade level and FWS/ NONFWS eligibility. Freshman Sophomore Junior 20 Hrs Senior 20 Hrs
10 Hrs 15 Hrs

FWS NONFWS Total Award \$ _____ Award Remaining \$ _____

Award Per Semester Fall \$ _____ Spring \$ _____ Hours Per Semester _____

STUDENT: I understand that I must have and maintain a cumulative grade point average of 2.0 to be eligible for the Federal Work Study Program and/ or a cumulative grade point average of 2.5 to be eligible for the Work Grant Program. I agree to work only at the job awarded to me for the length of time the award covers or until I have earned the total amount of my award whichever comes first. The Student Employment Coordinator and any or all supervisors involved must approve any exception to this agreement. I agree to notify the Student Employment Coordinator and my supervisor of any changes in my name, address, or any plans that may affect my FWS/NONFWS award, including part-time work off-campus. I understand that my FWS/NONFWS wages may be garnished to pay any cost of attendance that I owe or that will become due and payable during the period of the award. I understand the requirements and restrictions of the student employment program. I also realize my responsibility to my supervisor to report to work as scheduled, to notify my supervisor when I must be absent, and to give advance notice of termination of employment. I further understand that if my time sheet is late, incomplete, or incorrectly filled out payment could be delayed until the next pay period.

Confidentiality Agreement: I, the undersigned, understand that my employment at _____ may afford or require me access to records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 and by _____ I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I understand that it is my responsibility to carefully safeguard any and all individually identifiable information with which I work, including the prevention of theft of such information and/or the prevention of an unauthorized third party or parties viewing such information. I understand that it is _____'s policy that any printed reports containing individually identifiable information be shredded immediately when they are no longer needed, and that it is my responsibility to safeguard such documents to which I have access until such time as they can be disposed of properly. I further acknowledge that such negligence, or willful or unauthorized disclosure also violates policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Signature of Student _____ Date _____

Signature of Supervisor _____ Date _____

STUDENT EMPLOYEE WORK SCHEDULE

Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
Sunday	_____

Student Employment Coordinator _____ Date _____

Please Return to the Financial Aid Planning Office upon completion of this form