**2018-2019 FEDERAL WORK STUDY RETURNING**

**STUDENT EMPLOYMENT AGREEMENT**

**Financial Aid Office Garrison Hall 2nd Floor**

Part I: Student Information

*(The FEDERAL WORK STUDY STUDENT EMPLOYMENT agreement is submitted each academic school year to the Financial Aid Office for all students participating in the program. Federal Work Study students may* ***not*** *begin working until final confirmation email is received by both student and supervisor with their effective start date. Any student who begins working prior to the date indicated via email will have their earnings charged to their employer’s department budget).*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SU ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student SU Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@stevenson.edu](mailto:_____________________________@stevenson.edu) Student Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part II: To Be Completed by the Supervisor

Hiring Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Budget Fund #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FWS Department Budget Fund # **7-216-80370-501500-00**\_\_\_\_\_\_\_\_\_\_

**FWS Student Employee Work Information**

Semester: (check all that apply)  Fall 2018  Spring 2019 Position Title: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Wages: Hourly Rate**

Hourly Rate: /hours Maximum Work Study Earnings: $\_\_\_\_\_\_\_

Number of work hours each week: Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_ Spring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See #3 below for work hour limits)

I agree to hire the above named student in this department in the position noted for the above academic school year I understand that any earnings over the maximum earnings noted will be charged to my department’s budget fund. I agree to verify and approve online timesheets at the conclusion of each pay period. I will report any vacated or terminated position changes to the FWS Coordinator.

**Hiring Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III: Financial Aid Office Use Only:**

**TO BE COMPLETED BY THE STUDENT:** I understand that I have the following responsibilities as a work study student employee at SU:

1. I must give my supervisor advanced notice (preferably 24 hours) if I am unable to work.
2. I will NOT exceed a 20 hour work week (inclusive of ALL jobs secured on-campus and off-campus) during the academic semesters.
3. I will not exceed 29 hours a week (inclusive of ALL jobs secured on-campus and off-campus during semester breaks (periods of non-enrollment). As a work study employee, I am **not** eligible to work overtime or receive comp time.
4. I understand I am limited to the maximum work study earnings on this agreement.
5. I will monitor my hours to ensure I do not earn over my maximum work study earnings on this agreement.
6. I MUST receive an email from the Federal Work Study Coordinator with my effective start date.
7. My FWS –Student Employment Agreement must be submitted to the Federal Work Study Coordinator (Financial Aid Office-Garrison Hall Owings Mills Campus).

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part IV: Financial Aid Office: Internal Use Only:**

**❑** FWS **❑** FWSAM **❑** FWSCS

Period Covered: **❑** Fall **❑** Spring Eligible to begin work on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FWS Program Coordinator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: