



STUDENT EMPLOYMENT AUTHORIZATION

To Be Signed By All Parties Before Student Begins Work

Student Name: _____
Position Title: _____
Start Date: _____
Supervisor Name: _____
Alternate Supervisor: _____

Student ID: _____
Department: _____
No. Hours/Week: _____
GL#: _____

The student named above is eligible to participate in the Federal College Work Study Program during the current academic year. Eligibility is contingent upon enrollment in a minimum of 12 credits each semester for full-time students and 6 credit hours for part-time students. Course loads will be checked periodically. The award may be adjusted for full-time students who drop to half-time as explained in the Award Letter Rights and Responsibilities. The Maximum amount a student may earn under the FCWS program during the current academic year is noted on the next page. The student is responsible for keeping a record of his/her current total earnings. It is suggested that the student's supervisor also keep a monthly record of earnings and hours used since timesheets submitted in excess of the amount specified above will not be honored.

Concurrent Student Employment:

Is the student currently working as a student employee in another department? Yes No

If yes, please complete the following information.

Department: _____ No. Hours/Week _____

Student Will: Continue Concurrent Employment Separate Concurrent Employment: _____

Supervisor Certification: This is to certify that the above named student will be employed by our department and that work performed will be in compliance with CWC student employment policies.

Supervisor Signature

Date

Student Certification/Conditions of Student Employment:

1. I understand that I must complete all new employee paperwork, including but not limited to Form I-9 and Form W-4 and other necessary documents to support the Form I-9 to the Human Resource office (AW100) before starting employment with CWC.
2. If I am ill or unable to work due to extenuating circumstances, I must call my supervisor within one hour of the normal starting time for work and inform the supervisor of the nature of the absence. I acknowledge that repeated tardiness and/or absences may result in separation of employment from CWC.
3. As a student employee, I am expected to perform the specific assignments given to me by a supervisor. If I fail to carry out assignments as directed or do not work, I will be subject to separation of student employment.
4. I understand I may not make or receive calls or text messages on my cell phone during work hours unless it is an emergency.
5. I am accepted for admission as a degree-seeking student in at least 6 credit hours at CWC for the semester(s) I am employed. I understand that if I drop below the required enrollment level, I will be terminated from student employment. For summer employment, I have completed a minimum of 6 credit hours in the spring semester, am currently enrolled in at least 1 credit hour in the summer sessions or have been accepted and am enrolled in at least 6 credit hours in the upcoming fall semester.



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6. I understand that student employment is temporary and not guaranteed from one semester to the next.
7. I agree that I will report only those hours I actually work each pay period. I further understand that it is my responsibility to record my hours worked in my timesheet on a daily basis and that it is my responsibility to complete my time sheet and submit it to my supervisor on the last day I work at the end of the pay period.
8. I understand that I may only work up to a maximum of 19 hours per week in all on campus positions combined. For summer employment, I understand I may only work up to a maximum of 40 hours per week in all on campus positions combined.
9. I understand that while I am working I will maintain appropriate and professional boundaries and interactions with other students and college employees.
10. I understand that as a Student Employee, I will not be eligible for Unemployment Insurance at the end of my employment.

By signing below, I certify that I have read and understand the above rules regarding my employment. I also understand that violation of the rules mentioned above may result in the separation of my employment from CWC. I further understand the CWC student employment policies governing student employment and that this offer is conditional upon my satisfactory performance of the job and contingent upon available funding.

Student Signature

Date

OFFICIAL USE ONLY:			
FINANCIAL AID	<input type="checkbox"/> Federal Work Study	<input type="checkbox"/> Institutional Employment	<input type="checkbox"/> No More Funding Available
Initials: _____	Award Amount: _____	\$ _____	
HR	Hours Worked To Date	Rate of Pay:	
	Initials: _____	<input type="checkbox"/> \$8.75/hr –450 Hours Worked or Less	
		<input type="checkbox"/> \$9.25/hr – More Than 450 Hours Worked	