



2024-2025 Student Employee Responsibility Agreement

Student Name _____ ID# _____

Department Assignment _____

I agree to the following:

1. I will call my supervisor if I cannot attend work and will never just "fail to show."
2. I agree to maintain the confidentiality and privacy of any information to which I may be exposed, either verbally or written.
3. I commit to be dependable, punctual and cooperative during all employment assignments.
4. I will dress appropriately for the department to which I am assigned.
5. I will work according to the superior-approved schedule, not to exceed 20 hours per week.
6. I will not work during scheduled class time.
7. I understand no timely payment is made without online timesheet approval by supervisor.
8. I understand that I can turn in my payroll check to be applied to any unpaid balance on my student account.
9. I understand that an official performance evaluation is conducted by my supervisor at the end of each year to determine my employment eligibility and to provide me with constructive feedback to assist me with my professional development.
10. I will attend two Career Services events each year as part of my professional development.

I understand that a breach of this agreement constitutes termination of my employment.

Student's signature _____ Date _____

PLEASE RETURN THIS FORM TO YOUR SUPERVISOR.