



## Student Responsibility of Employment 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. Additionally, I will dress appropriately for the department to which I am assigned.
4. I have read and understand the work study payroll information document.
5. I will work no more than 20 hours per week. Additionally, I will inform my supervisor of any additional employment commitments to ensure that I am not working over 20 hours per week.
6. I understand I cannot work during scheduled class hours even if classes are cancelled by the instructors.
7. I will not work to earn more than the work-study amount I was authorized to earn as part of my award package.
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 assist with my professional development.
10. I will attend two Career Services events each year as part of my professional development. I will also submit evidence for one Career Competency Badge through Canvas prior to the end of each academic year.

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

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's signature \_\_\_\_\_ Date \_\_\_\_\_

***Please return this form with the Work Study Application/Checklist to Financial Aid.***