WILLIAM JEWELL COLLEGE

STUDENT WORK AGREEMENT

Jewell email: _____ **Student ID** #:

Student Name:

I, _____, acknowledge that I am approved for a maximum gross earning of
Student Name

$_____in **Federal Work Study** or **Institutional Pay** (*circle one*) for the academic period(s) of _____
(academic year or semester)

BY SIGNING THIS WORK AGREEMENT,

- I understand that the amount of my gross earnings may equal but not exceed the amount of the agreement;
- I understand that work study earnings are subject to taxation;
- I understand that any adjustment to my work study award, if applicable, may impact how much I may earn under the federal program and the department will be accountable for funds exceeding the award amount;
- I understand that my supervisor will assign work detail that will not conflict with my class schedule and that I cannot work during a scheduled class period;|
- I understand that I may work for two departments (maximum) at any given time and the hours for the two departments **cannot** exceed 20 per week; however, a *Work Agreement* must be completed by both departmental supervisors;
- I understand that if for any reason I do not perform my duties satisfactorily or withdraw from the program, the supervisor is required to notify the Financial Aid Office immediately.
- I understand that I may not work during my regularly scheduled class times. If my class is dismissed early or cancelled and I want to report to work, I must obtain written notice from my professor confirming the class was dismissed or cancelled and give that notice to my supervisor.

I agree to the terms for student employment with William Jewell College listed above and accept this work agreement:

_____ _____

Student Signature **Date**

EMPLOYER

SUPERVISOR AUTHORIZATION & ACKNOWLEDGEMENT

To be completed by the department supervisor for all student employees before the student may begin working.

The _____ agrees to employ the student under the outlined terms above.
Jewell Department

Hourly wage: $____ Other: _____ (specify amount) Payroll Account #:_____

Job Title: _____

First Day of Work: _____ Employment Period: _____

This Work Agreement is accepted on behalf of the department by: _____ _____
Supervisor Print & Signature **Date**

PAYROLL/HUMAN RESOURCES

The student has completed all payroll and new hire paperwork and has been approved to start work.

_____ _____ _____
Approved by Payroll or Human Resources Date $ Award Verified