

**WORK STUDY CONTRACT**

**Attention Employers: This section must be completed based upon this student’s job.**

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Duties and Responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Student’s Job Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**The student named below is eligible to be employed by your department/agency through the Federal Work-Study Program.**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_

**WORK STUDY AWARD**

\_\_\_\_\_\_\_\_\_\_ Federal Work Study \_\_\_\_\_\_\_\_\_\_College Employment/Student Assistance

Fall 2025 Spring 2026

**FWS Rate: $8.00** **FWS Rate: $8.00**

**Maximum Gross Earnings $\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_**

**Maximum Semester Hours \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**WARNING: HOURS WORKED MUST NOT TO EXCEED 20 HOURS PER WEEK.**

**HOURS MUST BE EARNED IN THE SEMESTER AWARDED. UNEARNED HOURS ARE NOT TRANSFERABLE TO THE NEXT SEMESTER OR ACADEMIC YEAR.**

**EMPLOYER’S RESPONSIBILITIES**

# As a work study employer and/or designated supervisor of a work study student, I:

# Have not allowed this student to work prior to the date contract is signed and fully executed.

* Have explained the job requirements to this student.
* Will provide training, counseling, and supervision.
* Will schedule student’s work hours around student’s class schedule (student should provide class schedule) ***NOTE: Student cannot work during scheduled class time even if class is cancelled.***
* Will provide sign-in sheets in a designated location that is accessible to the student.
* Will properly complete, sign and submit time cards and sign-in sheets to the work study coordinator on the scheduled due dates. Employer or designated supervisor’s signature is certification of hours earned by the student.
* Have the authority to discharge or terminate this student for work-related deficiencies. However, prior to discharging the student, I will discuss with the student his/her shortcomings and allow him/her the opportunity to improve or correct the deficiencies. This session will be properly documented. If the student’s performance does not improve then he/she will be dismissed and immediately notify the financial aid office.
* Will ensure that the student does not exceed the “Maximum Gross Earning” listed on this form or work more than **20 hours per week**.
* Will immediately terminate this student if he/she withdraws from the College.

I have read and agree to comply with the Employer’s Responsibilities as outlined above.

**Supervisor’s Signature\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Print Your Name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT’S RESPONSIBILITIES**

**By accepting my work study award and subsequent work assignment, I, the student, will:**

* Secure interviews for placement and not began work prior to the execution of this contract. I understand that I will not be paid from FWS funds for hours worked prior to my contract being fully executed.
* ***I cannot be paid for hours that are indicated on a timesheet when I am scheduled to be in class.***
* Be a dependable and prompt employee, work hours scheduled and report absences in advance when possible. If unable to report to work, will contact my supervisor immediately with an explanation.
* Work no more than **20 hours per week** to insure that the “Maximum Gross Earnings” (listed on the front) is not exceeded.
* Terminate my employment immediately upon withdrawal from the University.
* Be prepared to **WORK** and not study or socialize during work hours.
* Certify FWS hours earned by signing monthly sign-in sheets and time cards.
* Make every effort to perform assignments in a satisfactory manner. I understand that failure to perform my assigned duties satisfactorily may result in my termination. I further understand that under these circumstances, **the Office Financial Aid or Business Service is not obligated** **to find me other employment.**

I have read and agree to comply with the Student’s Responsibilities as outlined above.

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

**(Student Name) Please Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**