

Student Employee Agreement

Name (student employee): _____

Department: _____ **ID:** _____

Supervisor's Name: _____

- My work schedule will be coordinated with the department supervisor around my class schedule. I understand that I may not work during scheduled class time, even if a class is cancelled.
- I understand that I must adhere to my work schedule or submit a new one if changes are necessary. I also understand that if I submit fraudulent hours on my timesheet, my position will be terminated.
- I understand that I cannot begin work until all paperwork has been submitted and my EPAF has been approved by Human Resources and Payroll.
- I understand that I must maintain the standards of academic progress (SAP) and must be enrolled as a full-time student.
- I also understand that to be eligible for a Work-Study student employment position, I must apply for financial aid by completing and submitting the Free Application for Federal Student Aid (FAFSA) each academic year.
- I agree to perform my duties in an acceptable manner, to work my approved work schedule, conduct myself in a manner appropriate for that of an employee of the University, and adhere to the expectations of the Student Code of Conduct.

By signing this form, I verify that I have read and understand the rules and expectations for on-campus student employment and agree to the job description, work schedule, time recording/reporting and payment arrangements.

Student Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____