



CAMPUS EMPLOYMENT

Office of Career & Student Development | Sandel Hall Suite 300

Phone: (318) 342-5338 | Email: campusjobs@ulm.edu

URL: www.ulm.edu/careerdevelopment/campus-employment/

WORK-STUDY AUTHORIZATION FORM

Student Information:

Name: _____ CWID *or* SSN: _____

Hiring Dept.: _____ Academic Year: _____

Student Employment Work-Study Contract:

1. It is my supervisor's and my responsibility to monitor the hours worked to ensure that I am following the university's and FWS's regulations and guidelines.
2. I understand that I am **NOT** permitted to work more than twenty (20) hours per week or over the above stated awarded amount. Also, I am not permitted to work during scheduled class times.
3. I understand that I must be enrolled and attending a minimum of twelve (12) credit hours. I must maintain satisfactory academic progress and meet the full requirements of the job outlined by the immediate supervisor.
4. I understand that I am required to report to my work study assignment on time and report to the supervisor or approved designee dressed appropriately for an office setting. The attire needs to be neat and clean. (No shorts, low cut necklines, sheer clothing, bare midriffs, or t-shirts with offensive text).
5. I understand if I have not worked by the mid-point of the term my remaining FWS will be canceled. **Cancellation of FWS is for the academic year.**
6. I understand if I work more than five (5) consecutive hours, I am entitled to a thirty (30) minute lunch break. I am not allowed to work more than eight (8) hours a day.
7. I understand that I am responsible for completing and submitting my timesheet to the supervisor by the published deadline. If my timesheet is submitted late, it may result in a delay in pay.
8. This contract must be renewed at the beginning of every academic year. Previous employment **DOES NOT** guarantee my employment for the next semester and this position is an **AT-WILL** position.
9. I understand if I voluntarily leave a position during the semester, I am only eligible for rehire during that semester if documented extenuating circumstances exist. This will be evaluated on a case-by-case basis.
10. I understand that I can contact the Assistant Director of Student Employment in the Career Development Office if there is a conflict or if I feel threatened by the supervisor.

I agree to be a responsible employee of ULM, bound by all rules and regulations set forth by the Campus Employment. I understand that any false information given on my timesheet will result in disciplinary action. I have read and understand the Student Employment Work-Study Contract and will comply with the policies and procedures. I agree to maintain confidentiality of all information and understand that any disclosure of confidential information is grounds for immediate termination.

Student Signature: _____ Date: _____



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Student Name: _____ **CWID:** _____

SUPERVISOR SECTION:

FOR SUPERVISOR USE ONLY:

Classification: 04—Federal Work Study

Desired Terms to Work (*check all that apply*): **Fall** **Spring** **Fall & Spring**
Fall (Aug. 17 – Dec.11) | Spring (Jan. 11 – May 14)

Pay Rate: \$ _____ /hour (Wage other than \$8.25 requires approval)

Does this position qualify as a Community Service position? Yes No

Criminal Background Check Required? Yes No

Credit Check Required? Yes No

Department: _____ **Org. #:** _____

Hiring Supervisor (Print): _____ **Ext:** _____

I agree to oversee the duties performed by this student while making sure she/he adheres to the rules and regulations set forth by the Federal Government and ULM regarding the Student Employment Program. I have read and understand the policies and procedures set forth in the Student Employment Work-Study Contract.

*I understand that I will be notified via email when this student is approved for work-study employment. Any hours worked prior to approval and notification by Campus Employment must be paid by the department's 03 funds. **(NO EXCEPTIONS!)***

Reminder for 1st time Student Workers: 1st time Student Workers will need to complete a Student Worker packet, which can be found at www.ulm.edu/hr/student-worker.html. Once the packets are completed, they will need to be turned into the Human Resources department.

Please note that you will need to submit the Work Study Authorization Form **BEFORE** you can submit an EPAF. EPAFs will not be approved by Campus Employment until the Work Study Authorization Form is completed and turned in.

CAMPUS EMPLOYMENT SECTION:

CAMPUS EMPLOYMENT USE ONLY:

Academic Year: 26-27 **FASFA:** Yes No **FWS Amount:** \$ _____

Payrate: \$ _____ /hour **Allocated Work Hours:** _____

Supervisor Notified: _____ **Processed & Scanned:** Yes