



WORK-STUDY AUTHORIZATION FORM

Student Information:

Last Name: _____ First Name: _____ CWID *or* SSN: _____

Hiring Department: _____ Academic Year: _____

Student Work Study Contract

1. It is the responsibility of the student and supervisor to monitor the hours worked by the student to ensure compliance with regulations.
2. Your signature acknowledges that you understand that at **NO TIME** are you permitted to work more than twenty (20) hours per week or over the above stated award amount. You are also no permitted to work during scheduled class times. Violations will result in termination from the FWS program.
3. The student must maintain satisfactory academic progress and meet the full requirements of the job outlined by the immediate supervisor.
4. The student worker is required to report to his/her work study assignment on time and report to the supervisor or approved designee.
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. Student Employees must be enrolled and attending a minimum of 12 credit hours.
7. Student Employees should dress appropriately for an office setting. This includes neat, clean clothes. No shorts, low cut necklines, sheer clothing, bare midriffs, or tee shirts with offensive text. If the attire is inappropriate, the student employee will be asked to go home and change.
8. If a student works more than five (5) consecutive hours, the student is required to take a thirty (30) minute lunch break. Student employees may not work more than eight (8) hours in a day.
9. Student employees will be responsible for completing time sheets and submitting to the supervisor. Time sheets must be submitted to the supervisor by the published deadline. Time sheets submitted late will result in a two week delay in pay.
10. This contract must be renewed at the beginning of every year. Previous employment does not guarantee employment for the next semester.
11. Student employees may have only one work-study position at a time. If a student voluntarily leaves a position during the semester, the student is only eligible for rehire during that semester if documented extenuating circumstances exist. This will be evaluated on a case-by-case basis.
12. If a student employee has a conflict or feels threatened by the supervisor, the student is encouraged to contact the Student Employment Coordinator in the Career Center to resolve the conflict.

I agree to be a responsible employee of ULM, bound by all rules and regulations set forth by the Student Employment Manual. I understand that any false information given on my time sheets will result in disciplinary action. I have read and understand the Student Employment Manual 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: _____

Student Name: _____ CWID: _____

SUPERVISOR SECTION:

For Supervisor Use Only:

Classification: 04 – Federal Work-Study

Desired Terms to Work (Check all that apply): Fall Spring

Pay Rate: \$ _____/hour (Wage other than \$7.25 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 (Please 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 Manual.

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 my department's 03 funds.

Reminder – For all 1st time Student Workers (forms may be downloaded at www.ulm.edu/hr)

1. The supervisor submits the following documents to Human Resources in Coenen Hall 107:
 - Personal Data Form
 - I-9 Form (Employment Eligibility)
 - W-4 Federal Withholdings
 - L-4 State Withholdings
 - Drug-Free Workplace Policy Acknowledgement
 - Direct Deposit
 - Copy of signed Social Security Card
 - Copy of Driver's License or other appropriate identification
2. The supervisor reviews the documents submitted by the student and ensures all documents have been completed.

CAREER CENTER SECTION:

Student Employment Coordinator Use Only

22-23 FASFA: Yes No

FWS Amount: \$ _____

Pay Rate: \$ _____/hour

HR Notified On: _____

Allocated Work Hours: _____

Supervisor Notified On: _____