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| **Minnesota State Work Study**  **On-Campus Employment Contract** | |
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| Student Name: | Soc. Sec .No.: |
| Total Minnesota State Work Study:  Award Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Period of Employment:  from: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
| Name of Position: (attach position description) | Department Where Position Located: |
| Name of Supervisor: | Hourly Rate: $\_\_\_\_\_\_\_\_ Hours Per Week: \_\_\_\_\_\_ |
| I-9 Form on File: Yes No | % Paid by Employer: \_\_\_\_\_% by SWS: \_\_\_\_\_% |
| **Student Responsibilities:** | |
| 1. I will give my supervisor two weeks notice if I wish to resign.  2. I will report to work on time.  3. I will ask my supervisor to be excused in advance if I am unable to work my assigned hours.  4. I will be placed on work probation or be dropped from the program if my GPA falls below 2.0.  5. I will be dismissed if I violate work regulations.  6. I will not work beyond my assigned hours without permission from my supervisor.  7. I will complete an I-9 form before beginning work.  8. I will inform the school if I am subject to court-ordered child support obligations which are required to be withheld from your income.  9. (For position during term of non-enrollment) I certify I was enrolled during the previous term and plan to enroll for \_\_\_\_\_ credits during the term following the current term. | |
| **Supervisor Responsibilities:** | |
| 1. The supervisor will be responsible for verifying the accuracy of student time sheets and signing time sheets in a timely manner.  2. The supervisor will be responsible for submitting time sheets to payroll on a timely basis.  3. The supervisor and financial aid office will be responsible for monitoring student hours and earnings so that earnings do not exceed the students total State Work Study award.  4. The supervisor will ensure adequate supervision commensurate with job duties and will be responsible for providing the training necessary for successful performance of the job. | |
| **Signatures:** | |
| The information on this contract form is accurate. I have read and agree to the employment conditions of this  contract.  Students Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_  Supervisors Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ | |