

Office of Student Financial Services
WILBERFORCE UNIVERSITY

FEDERAL WORK STUDY CONTRACT
Acceptance of Federal Work Study Award/Assignment

Conditions of Employment

1. It is the responsibility of the student and supervisor to monitor the hours worked by the student to ensure compliance with University 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.
3. Your signature acknowledges that you understand that at **NO TIME** are you permitted to work during scheduled class times. Violations will result in termination from the FWS program.
4. Your signature authorizes Wilberforce University to debit your student account for any unauthorized FWS earnings. **THIS MAY CREATE A BALANCE.**
5. This contract is subject to provisions of the policies and regulations governing student employees. Wilberforce University reserves the right to terminate this contract, if the interest of the University requires such action.
6. The student must maintain satisfactory academic standards and meet the full requirements of the job as outlined by the immediate supervisor.
7. The student worker and supervisor agree not to modify conditions of this contract without prior approval of the Office of Student Financial Services.
8. The student worker is required to utilize EZ-Labor by clocking in and out and the supervisor is required to approve the hours by the payroll due date. Failure to do so will not guarantee your earnings payment on the scheduled payroll date; I have received a copy of the payroll schedule.
9. You must clock in and out by using the computer within your work site. **FAILURE TO DO SO WILL RESULT IN IMMEDIATE TERMINATION.**
10. I understand if I have not worked by mid-point of the term my remaining FWS will be cancelled. Cancellation of FWS is for the academic year.
11. Under no exception is a student allowed to change Work Study positions after the end of pay period 3.
12. I have read the Wilberforce University Student FWS Handbook.

In signing this acceptance of award, I am accepting the responsibility placed on me as a Federal Work Study (FWS) student and I agree to carry out my FWS Assignment to the best of my ability. I understand that I will be expected to perform my duties in a responsible manner and to comply with the requirements of the job and the instructions of my supervisor. I further understand that my employment is contingent upon satisfactory job performance and that I may be removed from my position and from the Federal Work-Study Program if I do not meet minimum standards. I hereby certify, by my initials above and signature below, that I have fully read and understand the conditions of this work assignment and contract I agree to its terms.

Student Signature

Date



**WILBERFORCE UNIVERSITY
2011-2012
FEDERAL WORK STUDY PROGRAM
AUTHORIZATION FORM**

It is the student's responsibility to return this form to the Financial Aid Office immediately.

Student's can not begin work until this form is received and processed by Student Financial Services.

Student Section (must be completed)	
Last Name: _____	First Name: _____
WU ID Number: _____	SSN (last 4 digits only): _____
E-mail Address: _____	Date of Birth: _____
Federal Work-Study Awarded For Academic Year 2011-2012: \$ _____	

The above named student is authorized for employment through the Federal Work Study program. The directions below will assist you in completing this form and facilitate the work study hiring/payroll process.

- Determine if your needs and the students interest, experience and objectives are compatible.
- Determine the scheduled work days and hours.
- Establish a day and time for the student to report to work.
- Sign and date the referral acceptance form.

The student will be working for this office/department.

I agree to hire the above named student for employment in the Federal Work Study Program. I will supervise the work performed and I will be responsible for approving the Work-Study employee time record in EZ-Labor. I will also be responsible for maintaining a record of student earnings and may not pay students beyond their earnings limit, which may be changed from the amount above by the Financial Aid Office. I understand that participation in the program is contingent upon satisfactory compliance with the policies and procedures outlined in the Supervisors FWS Handbook.

Department Name: _____ Date of Hire: _____

Students Job Title _____ Supervisor's Signature: _____

Printed Supervisor's Name: _____ Supervisor's E-mail Address: _____

<i>For Office of Student Financial Services and Payroll Use Only:</i>			
1. Position Code: _____	Classification: _____	Pay Rate: _____	
2. Authorization entered in Banner: <input type="checkbox"/> Y <input type="checkbox"/> N	SFS initials: _____	SFS Date: _____	
3. User ID: _____	PW: _____	Payroll initials: _____	Payroll Date: _____