

For HR Office Use Only:

Employee ID: _____

Record #: _____

Position #: _____



Student Employment Contract

Name: _____ Social Security #: _____

Department Assigned: _____ Supervisor: _____

Earnings Limit: _____ From: _____ To: _____

Hourly Pay Rate: _____ Fund/Account: _____

To be completed by supervisor:

I have reviewed job responsibilities and work schedule and agree to hire the student named above at the wage listed for the purpose of rendering service in the following position:

Student Position: _____ Supervisor Signature: _____ Date: _____

To be completed by the student employee: Campus Box #: _____ Campus Phone #: _____

Permanent Address: Street: _____ City: _____

State _____ Zip Code: _____ Phone#: _____

I have reviewed the job responsibilities and established a work schedule with the supervisor listed above. Based on this information I accept this College Work-Study/Trust Fund position. If Work-Study position, I understand that my earnings are limited to the allocation established by the Financial Aid Office and found on my Financial Aid Award letter.

Any changes in work schedule or responsibilities must be discussed with your Supervisor.

Student Signature: _____ Date: _____

This contract must be returned to the Career Services Center, Eldridge Hall, Garden Level, Room B05, before you begin working. Students must complete a W4 and other Payroll forms at the Career Services Center. Your contract cannot be processed until these forms are completed for payroll processing.