

ON-CAMPUS FEDERAL WORK-STUDY CONTRACT

First and Last Name

SS # or ID #

Cell #

Personal E-mail address

CONGRATULATIONS! YOU HAVE BEEN AWARDED FEDERAL WORK-STUDY IN THE AMOUNT OF \$750 per semester FOR THE 2011-2012 ACADEMIC YEAR. THE FWS HOURLY PAY RATE IS \$9.00.

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PLEASE COMPLETE AND RETURN THIS ENTIRE CONTRACT TO THE JCSU OFFICE OF STUDENT FINANCIAL AID.

DEPARTMENT _____

APPROVED SUPERVISOR'S NAME _____

Please print

SUPERVISOR'S SIGNATURE _____

I agree to the FWS Supervisor Amendment that I signed and I agree to the Student FWS Contract.

SUPERVISOR'S PHONE # _____

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Office Use Only

Forms:

- W-4
- I-9
- NC 4

Returning FWS

Documents Establish

- Identity (ID card issued by the state, school ID, voter registration)
- Employment Authorization (Social Security Card, Birth Certification)
- Both (i.e. passport, permanent resident card, alien registration receipt)

Federal Work-Study

TERMS AND AGREEMENTS

- **I am expected to work when scheduled. My duties, days, and hours to be worked will be mutually decided in conference with my supervisor.**
- Report to work on time and remain until the agreed period is fulfilled. If I know advance that I must be absent, I will notify my supervisor at least one (1) day before the absence. In case of an emergency, I will notify my supervisor as soon as possible.
- I understand that I must perform my duties consistently and in a professional manner.
- I can change my FWS locations at the end of a pay period.
- **I understand that if I am terminated or released from my Federal Work-Study Site, my work-study award may be cancelled and may not be reinstated for the rest of the school year.**
- **I understand that I cannot exceed the Federal Work-Study award reflected on my federal financial aid award letter. I understand that if I work over my total award I must stop working immediately.**
- **I understand that if I have signed an agreement with the Business Office to sign over my work-study checks, Financial Aid recommends I should apply it toward my spring account balance. I understand failure to save any check(s) may result in a balance which may hinder me from obtaining my grades.**
- I understand that if I do not get a job assignment or do not work during the fall or spring semester, my federal work-study award may be cancelled. I understand that this cancellation may result in a balance for the fall and spring semesters.
- I understand that if I commit fraud or falsify my time sheet in any manner, my federal work-study will be CANCELLED for the remainder of the school year.
- I understand that by allowing any persons (staff, faculty, or students) to clock me in or out is in **direct violation of FWS Policy and may lead to automatic termination.**
- I understand that I cannot work when my class is scheduled, even if the class is cancelled or dismissed early for the day.
- I understand that FWS is a JOB and that I must WORK to be compensated.
- _____ **(Initials)** I understand that if I commit fraud or falsify my time sheet in any manner, my federal work-study will be CANCELLED for the remainder of the school year.

Student Signature

Date

**Family Educational Rights and Privacy Act Form
(F.E.R.P.A.)**

I understand that as an employee / work study student of Johnson C. Smith University, I have the same responsibility to **protect confidential information** and to abide by applicable Federal and State laws prohibiting discrimination as do Johnson C. Smith University faculty and/or staff to whom I report.

I understand that I may be working with information which will contain details about students names, social security numbers, addresses, income, debt, status, transcripts, GPA's etc. I have been trained regarding the protection of this information under the Family Educational Rights and Privacy Act of 1974 **and I agree to safeguard student privacy rights.**

I acknowledge that if I abuse my responsibilities as an employee by improperly altering confidential information or assisting others in so doing, or if I violate a student's right to privacy by communicating confidential information to unauthorized persons, or violate Federal and State laws prohibiting discrimination, **my status as an employee / work study student will be terminated immediately.**

Student Employee Signature

Date

FEDERAL WORK STUDY PAYROLL DATA FORM

Print all information unless otherwise stated. Please print your name as it appears on your Social Security Card.

Name

Social Security #

ID#

Date of Birth

Current Sem/Year

Mailing Address

City

State

Zip Code

Supervisor

Signature

Date Completed

FOR OFFICE USE ONLY

Hourly Rate

Returning

First Day of Work

FWS Approval

HR Approval

Date

Date