

Federal Work Study

Employment Agreement- 2009-10

***This form is ONLY valid for 09/10 Fall, Winter, and Spring Quarter and NOT valid for 2010 Summer

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| <p>Office of Financial Aid ONLY</p> <p><input type="radio"/> Off-Campus</p> <p><input type="radio"/> CPP On-Campus</p> <p><input type="radio"/> America Reads</p> <p><input type="radio"/> CPP Foundations</p> |
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A. Student Information Section: Student must complete all fields of Section A. Please print clearly.

Student Name: _____ Bronco Number: _____

FWS Award Allocation per quarter: Fall _____ Winter _____ Spring _____

B. Student Signature: Please sign the statement below after you are hired and submit this form to Human Resources. You may begin working once you have successfully submitted all employment documentation.

I have read the policies and procedures and understand my rights and responsibilities as a federal work study student. I agree to adhere to all policies and procedures as outlined. I am currently enrolled at least half-time. I understand that if I drop below half-time, I will not be eligible for federal work study.

Student's Signature: _____ Date: _____

I have read and understand the Federal Work Study Student Guidelines: _____ (initials required)

C. Supervisor Section: Complete this section if you wish to hire this student for 2009-10. The student may begin working once all employment documentation has been successfully submitted to H.R. Please print clearly.

Student Job Title: _____ Rate of Pay: \$ _____

Name of Employer/Department: _____ Work Study Position No. _____

Address: _____ City: _____ Zip code: _____

Payroll Contact: _____ Phone/E-mail: _____

Supervisor: _____ Phone ext./E-mail: _____

Does this position require the student to perform grading, tutoring or instruction to other CSU students for more than 50% of their time as an Instructional Student Assistant?: (Please check one) **yes** **no**

If yes, an "Instructional Student Assistant Appointment Offer" must be submitted to Human Resources Services – Customer Service Center.

I have read and understand my rights and responsibilities as a federal work study employer. I understand that the student above cannot begin to work until all employment documentation has been successfully submitted to Human Resources. If the student is not eligible for work study, or exceeds their award amount, the employer will be responsible for 100% of the student's wages.

Supervisor's Signature: _____ Date: _____

I have read and understand the Federal Work Study Student Guidelines: _____ (initials required)

D. To be completed by Human Resources AND the Office of Financial Aid & Scholarships

Human Resources: Initials _____ Date Processed _____

Payroll Initials _____ Date Processed _____

Financial Aid: Initials _____ Date Processed _____ Effective Hire Date: _____