



WILLIAM JEWELL COLLEGE

STUDENT EMPLOYMENT
2009-2010 Work Agreement

I, \_\_\_\_\_, agree to the terms for student employment with William Jewell College's
Student ID or SSN office / department. By accepting this agreement I acknowledge that I am
WJC Department approved for a maximum gross earnings of \$ \_\_\_\_\_ in Federal Work Study or Institutional Workshop (circle one) for the
academic period(s) of: [ ] 2009-2010 academic year or [ ] \_\_\_\_\_ Term(s)

BY SIGNING THIS WORK AGREEMENT I,

- accept the responsibility of understanding that the amount of my gross earnings may equal but not exceed the amount of the agreement.
• will be paid a minimum hourly rate set forth by the State of Missouri, unless otherwise recommended by my supervisor and authorized by Financial Aid and Scholarship Services.
• understand that my supervisor will assign work detail that will not conflict with my class schedule and the supervisor will ensure that I have recorded my time correctly.
• understand that I cannot work during a scheduled class period. If a class is canceled and my supervisor authorizes me to work, my time card must be initialed by the canceled class's professor.
• will deliver my time card to the Business Office (1st floor, Room 103, Greene Hall) on the first day following completion of each month's work.
• understand that I must complete I-9 and W-4 forms available through the Business Office (1st Floor, Room 103, Greene Hall). The I-9 establishes my identity and employment eligibility as required by the U.S. Citizenship and Immigration Services and the W-4 as required by the Internal Revenue Service.
• understand that I may work for two departments (maximum) at any given time; however, a revised Work Agreement must be completed by both departmental supervisors.
• understand that if for any reason I do not perform my duties satisfactorily or withdraw from the program, the supervisor is required to notify Financial Aid and Scholarship Services immediately.
• understand that by falsifying information on my time sheet will result in an immediate removal from the work program.
• understand that I am requested to report to the Business Office Cashier (1st Floor, Greene Hall) per payment schedule each month to receive my paycheck. Proof of identity is required. If I participate in a payment plan, I may be expected to apply my paycheck to my student account at that time.
• understand that any adjustment to my work study award may impact how much I may earn under the federal program and the department will be accountable for funds exceeding the award amount.

This Work Agreement is accepted by: \_\_\_\_\_
Student Signature Date

SUPERVISOR AUTHORIZATION & ACKNOWLEDGEMENT

This section is to be completed by the acting department supervisor for all student employees and forwarded to Financial Aid and Scholarship Services before the student may begin the work assignment.

The \_\_\_\_\_ office / department agrees to employ the student under the outlined
WJC Department terms above. The student will be paid at least once per month at the hourly wage of \$ \_\_\_\_\_ (or minimum wage of \$7.25)
per hour from payroll account \_\_\_\_\_.
Acct. # Assigned

To optimize federal dollars, the College requires that all departments employ federal-eligible work study students as a first priority. Departmental budgets are 75% subsidized by the Federal Work Study Program when employing federal-eligible work study students, while work-shop students require that departments absorb 100% of the student's earnings. Student workers may not work more than twenty (20) hours on average in any one week.

This Work Agreement is accepted on behalf of the department by: \_\_\_\_\_
Supervisor Signature Date

The Office of Financial Aid & Scholarship Services [ ] Approves [ ] Declines this agreement as of (date) \_\_\_\_\_