



WILLIAM JEWELL COLLEGE
Work Agreement

This *Work Agreement* is between _____ and William Jewell College for the 2006-2007 academic year. **You have been approved to earn up to a maximum gross earnings of \$ _____ through the following program:** *Federal Work Study* *Workship (Institutionally-Funded)* \$ _____ is remaining of your approved amount of earnings

By signing this *Work Agreement* you:

- accept the responsibility of understanding that the amount of your gross earnings may equal but not exceed the amount of the agreement.
- will be paid a minimum hourly rate of \$5.15, unless otherwise recommended by your supervisor and authorized by Financial Aid and Scholarship Services.
- understand that your supervisor will assign work detail that will not conflict with your class schedule and the supervisor will ensure that you have recorded your time correctly.
- understand that you cannot work during a scheduled class period. If a class is canceled and your supervisor authorizes you to work, your time card must be initialed by the canceled class's professor.
- will deliver your 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 you must complete *I-9* and *W-4* forms available through the Business Office (1st Floor, Room 103, Greene Hall). The *I-9* establishes your 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 you may work for two departments (maximum) at any given time; however, a *revised Work Agreement* must be completed by both departmental supervisors. This form is available online at www.e-fao.com/WilliamJewellCollege/Aid.
- understand that if for any reason you do not perform your duties satisfactorily or withdraw from the program, the supervisor is required to notify Financial Aid and Scholarship Services immediately.
- understand that you are requested to report to the Business Office Cashier (1st Floor, Greene Hall) per payment schedule each month to receive your paycheck. Proof of identity is required. If you participate in a payment plan, you may be expected to apply your paycheck to your student account at that time.

Questions regarding work programs may be directed to Mr. Daniel Holt, Student Employment and Financial Aid Coordinator at (816) 415-5977 or campus extension 5187.

This *Work Agreement* is accepted by: _____
Student Signature Date

Authorization

To be completed by supervisor (of each department that student is employed by) and forwarded to Financial Aid and Scholarship Services before the student may begin the work assignment.

Department 1: _____ Payroll Acct. No. Assigned: _____

\$ _____ Hourly Pay Rate (*\$5.15 per hour if not specified*) _____
Supervisor's Signature Date

Department 2: _____ Payroll Acct. No. Assigned: _____

\$ _____ Hourly Pay Rate (*\$5.15 per hour if not specified*) _____
Supervisor's Signature Date

_____ Student Employment and Financial Aid Coordinator
_____ Date