

COMMUNITY-BASED FEDERAL WORK-STUDY
STUDENT AGREEMENT

Student	College of Record	Banner ID
_____	_____	_____
ACES email	2nd email	1 st Phone
_____	_____	_____
_____	_____	_____
Supervisor Name	Title	Phone
_____	_____	_____
Agency	Address	Email
_____	_____	_____

I, _____, understand by initialing each item below and signing this agreement I must comply with all rules and policies as established by my Employer and the Office of Financial Aid. I agree to fulfill to the best of my ability, with honesty and integrity, the duties and responsibilities that are required of me.

- I will develop a work schedule (belo) with my supervisor, report to work on time, and work as scheduled.
- I will call my supervisor immediately if I need time off, have an emergency, am too ill to work, or will be late.
- I will work the agreed work schedule and not work during enrolled class time or college breaks or holidays.
- I will not work more than *15 hours per week* unless otherwise stated.
- I will keep accurate timesheets and submit them to my supervisor in a timely manner.
- I will request for and comply with the dress code provided by my supervisor.
- I will refrain from studying and cellphone use for calls, texts and social media while at work.
- I will reduce my work hours or resign to avoid *over-award* if I receive other financial aid awards.
- I understand that I risk termination if I perform my work unsatisfactorily, or develop a pattern of tardiness or fail to contact my supervisor, with ample notice, about an absence.
- I understand I will be terminated if I falsify a timesheet.
- I understand I will be terminated if I fall below 6 college hours and do not retain a GPA of ≥ 2.0 .

Signatures

Student	Date
_____	_____
Supervisor	Date
_____	_____

Student Work Schedule							
Semester _____				Year _____			
Monday		Wednesday		Friday		Sunday	
Tuesday		Thursday		Saturday			