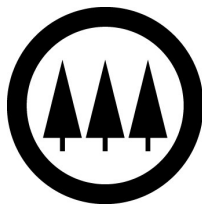


FY2025

Student Employment

Student Worker/Work-Study Agreement



Pine Technical & Community College

Last Name: _____ First Name: _____ Tech ID or Star ID: _____

Pay rate: \$14.00/hour

Dates: 7/1/2024 thru 5/15/2025 (Financial Aid/Business Office authorization amounts on back)

Terms & Conditions:

- You cannot work more than **16 hours per week during the academic year or 24 hours per week during breaks**. Students are not permitted to work holidays or weekends.
- Employment must cease:
 - Once you have earned the dollar amount specified on your award letter for the term you are working, **OR**
 - Once you are enrolled or attending less than half-time (6 credits), **OR**
 - If your award is rescinded by the Financial Aid Office for failure to maintain Satisfactory Academic Progress or other reasons.
- Please submit timesheets every pay period. Late time sheets will result in a delayed payment.
- Please follow the timesheet due date calendar. Remember to complete your timesheet electronically.
- You may be dismissed without cause by your supervisor or the Financial Aid Office.
- Your job duties may be changed at the discretion of your supervisor.
- All positions in this contract do not qualify for any insurance, benefits etc. the college may offer.
- You must have permission from Financial Aid to work over breaks such as winter break, spring break and summer.
- Notify your supervisor if you are unable to work your scheduled hours.
- Maintain appropriate dress code, based on position. Please see supervisor for questions.

Section A: To be completed by the student

1. Do you have court ordered child support which is required by law to be withheld from your wages? (If yes, see Financial Aid Office for disclosure form) Yes No
2. I agree to: Maintain confidentiality when working with student records.
3. I also agree to:
 - Give a punctual, efficient and cooperative performance
 - Not work more than 8 hours in a day
 - Inform my supervisor in advance of any absence
 - Maintain an accurate timesheet
 - Not work more than 24 hours per week
 - Not earn more than awarded for each term

I accept the position and conditions indicated above and attest that all information I have presented on this agreement is true and complete. I accept that it is my responsibility to monitor my hours and submit accurate timesheets by the due date each period. I also agree that I am enrolled for at least 6 credits.

Student Signature _____ Date _____

Section B: To be completed by the supervisor

I accept the student named above for the work-study position of (job title): _____
I understand that by signing this form, I cannot employ a student for more than 24 hours per week. I also understand that when a student's work-study allotment is exhausted, they must stop working until either the next term or until the Financial Aid Office increases their allotment. I also understand that all work-study employees must be supervised while working.

Supervisor's Signature _____ Dept. _____ Date _____

Date Student Will Begin Working _____

OFFICE USE ONLY

For time period 7/1/24-5/15/25

(Circle one)
Eligible / Not Eligible —Reason: _____

(Circle one)
Federal State Student Worker Student Senate Officer
Cost Center: _____

Authorization Amount: \$ _____

Signature: Financial Aid or Business Services

Date

Authorization Number

Date Entered