

# STUDENT EMPLOYEE WORK AGREEMENT | 2023-2024

STATE/FEDERAL/SH

## Financial Aid Department

|       |             |
|-------|-------------|
| Name: | Stinger ID: |
|-------|-------------|

- New Employees Only
  - o Complete W-4 and I-9 payroll forms and verification documents must be attached.
- Reciprocity Exemption
  - o Are you a North Dakota or Michigan resident? \_\_\_ Yes \_\_\_ No

### SUPERVISOR/LEAD WORKER

The above named student has qualified for employment under the student employment program for the period indicated. The authorized award is the maximum the student may earn during the period of eligibility. Both the student and the supervisor/lead worker should monitor the student's hours to ensure that the student does not exceed the grant award. By signing this form, I understand and agree it is my responsibility to provide student employees, hired in my area, the appropriate Right to Know and FERPA training. Contact the Financial Aid Office if you have any questions.

**\*\*Allow 3 to 5 days for the student to be added to eTime.**

### STUDENT

- The quality of the student's work is the main consideration, and the hours worked should depend on this, as well as the monetary grant which the student has been awarded. **The beginning hourly wage is \$13.00.**
- The time sheet must be electronically signed by both the student and the supervisor/lead worker by 4:30 on the Wednesday after the pay period ends. The student is responsible for keeping accurate record of hours worked by using the eTime system through eServices.
- It is the student employee's responsibility to submit their eTime hours on time each pay period.
- The college reserves the right to hold payroll checks for any student has a balance owed to the College. This will include, but is not limited to tuition, bookstore charges, non-sufficient check amounts, and parking fees.
- By signing this form I understand that the Work-Study supervisor/lead worker will have access to my schedule, grades, academic standing for the purpose of creating a work schedule and to determine if I remain eligible for Work-Study funding from term to term and year to year.

I have read the above regulations and I am eligible to participate in the student employment program. I understand that the authorized award is the maximum amount that I may earn for the period indicated that this offer is conditional upon my satisfactory performance of the job that work performed will be in compliance with student employment regulations.

I have also read and understand all of the information contained in the Student Employment Handbook. The student employment handbook is available online at <https://www.rctc.edu/financialaid/workstudy/student-employee-handbook/>.

### ALL FIELDS ARE REQUIRED - PLEASE COMPLETE EACH SECTION

|   |   |  |
|---|---|--|
| Supervisor/Lead Worker Name: _____<br>_____<br>Signature of Supervisor/Lead Worker _____ Date _____ | *Cost Center Number _____<br>_____<br>Job Description Title _____<br>*Required to process payroll and to record where work study dollars are spent. | Signature of Student _____ Date _____<br>_____<br>Start Date _____ |
| Box Number: _____<br>Phone Number: _____  |   |  |

#### For Office Use Only

|                       |   |                           |                    |
|-----------------------|---|---------------------------|--------------------|
| Period of Eligibility | Award Amount: SWS _____ FWS _____ SH _____<br>Fall \$ _____ Spring \$ _____ Summer \$ _____ | Pay Rate<br>\$            | #of hours per week |
| Start Date/Work Area  | Registered Credits  | Work Authorization Number |                    |