



# DePaul University Student Employment Agreement Form

**This form must be read and completed in its entirety by the student employee.  
The following is related to enrollment hours, work hours and employment eligibility for those who are US Citizens or Permanent Residents.**

Please **initial** each of the following statements, to indicate you have **read and agree** to follow the requirements stated.

\_\_\_\_\_ I am required to be enrolled at least half time or a minimum of 6 quarter hours (4 for graduate students) or 6 semester hours and am exempt from paying the FICA tax during regular student terms for which I am enrolled.

\_\_\_\_\_ I am limited to working a maximum of 25 hours per week, while classes are in session (I am allowed to work more than 25 hours per week over the regular school breaks, including summer, with the agreement of my supervisor).

\_\_\_\_\_ I am eligible to continue working as a student employee through the school breaks. Upon completion of my degree, I must stop working before the next regular school term starts, unless enrolled.

\_\_\_\_\_ If I work more than one on campus position concurrently at any point (including stipend paid positions), I will work with all supervisors to ensure I am not working more than a total of 25 hours per week.

\_\_\_\_\_ I am aware that not completing the online self-service features, provide to me at the onset of my employment, may result in delayed payment and/or inaccurate tax withholding from my paycheck.

\_\_\_\_\_ If I am being paid through any means other than an hourly wage (e.g.—stipend), I understand that—even though I may be recording the hours that I work—my pay is not linked to the number of hours that I work.

\_\_\_\_\_ I am aware that DePaul has a Misconduct Reporting Hotline (1-877-236-8390) that students can call anonymously to communicate their concerns about misconduct or suspected violations of any laws or university policies.

\_\_\_\_\_ I am aware that I am subject to all DePaul University employment policies and procedures where Student Employee is in the scope of the document. All policies may be viewed at <http://policies.depaul.edu>.

*(To be completed by the Student Employee)*

Employee  
Name \_\_\_\_\_

Employee  
ID \_\_\_\_\_

Department \_\_\_\_\_

**I am a student employee and am therefore responsible for maintaining the necessary enrollment hours, work hours and eligibility for employment. I hereby understand this and will inform the Office of Student Employment and my supervisor of any changes in my enrollment, work hours and/or work eligibility, which may result in termination of my employment.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

This Agreement is not an employment contract and is not an agreement for employment for a specific period of time. Your employment with DePaul University is at-will, which means either you or DePaul University may end the employment relationship at any time.