

FOR SEO USE ONLY:
Date Received:



STUDENT EMPLOYMENT CONTRACT AGREEMENT

TO BE COMPLETED BY STUDENT

I have read, understood, and agree to abide by the rules and regulations of the Federal Work Study Program. I recognize once I begin working, if, I choose not to comply with the Federal Work Study procedures and/or, I am ineligible for the Federal Work Study Program my work study employment will be terminated. I further realize my responsibility, along with my supervisor's responsibility, to keep track of my total award amount. When I am awarded, I understand that my earnings are restricted to the allotment set by Morgan State University's Financial Aid Office. If I run out of award money, I comprehend that the Student Employment Office will no longer be responsible for processing any time worked beyond my contract hours and therefore, I will NOT be paid for any excess hours worked. The responsibility will then rely on the department I am working for.

STUDENT'S SIGNATURE & Printed Name

MORGAN ID NUMBER

DATE

ALL AREAS OF THIS CONTRACT ARE TO BE COMPLETED BY THE SUPERVISOR

DEPARTMENT NAME:		BUDGET CODE:
NAME OF WORK STUDY SUPERVISOR APPROVING TIMESHEET(S):		LOCATION/OFFICE ROOM#:
CONTACT TELEPHONE #:	E-MAIL:	DEPARTMENT FAX #:

PLEASE CHECK ONE - EMPLOYMENT TYPE::

☐ OFF CAMPUS

☐ FEDERAL WORKSTUDY (FWS)

☐ AMERICA CHALLENGES (AC)

☐ COMMUNITY SERVICE (CS)

PLEASE CHECK ONE - REQUESTED CONTRACT PERIOD:

☐ FULL AID YEAR

☐ SUMMER SESSION 2

☐ ACADEMIC YEAR

☐ FALL SEMESTER

☐ SPRING SEMESTER

☐ SUMMER SESSION 1

PLEASE COMPLETE - TITLE OF WORK STUDY POSITION:

PLEASE CHECK ONE

☐ YES (RETURNING STUDENT TO WS)

☐ NO (NEW HIRE)

REQUESTED AMT. YOU WANT AWARDED
FROM YOUR Work Study BUDGET:

PLEASE CHECK ONE - REQUESTED RATE OF PAY:

\$

☐ \$9.00 - \$9.75 (FWS ONLY)

☐ \$10.50 - \$14.00 (AC/CS/OFF CAMPUS ONLY)

PLEASE PRINT HOURLY RATE OF PAY:

PLEASE COMPLETE - START DATE:

PLEASE COMPLETE - END DATE:

PLEASE COMPLETE -Number of REQUESTED HRS PER WEEK :

SUMMER SESSION 2

ACADEMIC YEAR

SUMMER SESSION 1

I HAVE INTERVIEWED THE ABOVE APPLICANT AND, UNDER THE RULES AND REGULATIONS OF THE FEDERAL WORK STUDY PROGRAM AND AGREE TO HIRE THE STUDENT(S). I WILL ALSO SERVE AS THE PRIMARY STUDENT SUPERVISOR FOR THE DEPARTMENT STATED ABOVE.

SUPERVISOR'S SIGNATURE

DATE

VP/CHAIR/DIRECTOR'S SIGNATURE

DATE

FOR STUDENT EMPLOYMENT OFFICE USE ONLY

EFC:	UNMET NEED:	CONTRACT STATUS:			
		<input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED			
CONTRACT PERIOD:					
<input type="checkbox"/> FISCAL YEAR		<input type="checkbox"/> SUMMER 2		<input type="checkbox"/> ACADEMIC YEAR	
		<input type="checkbox"/> FALL ONLY		<input type="checkbox"/> SPRING ONLY	
				<input type="checkbox"/> SUMMER 1	
PROGRAMS:					
<input type="checkbox"/> AR(Tutorial)		<input type="checkbox"/> CF(FWSC)		<input type="checkbox"/> CFJLD (Community Service)	
				<input type="checkbox"/> FJLD (Off Campus)	
PIN #:	APPROVED HOURS:		APPROVED AWARD AMOUNT:		APPROVED RATE OF PAY:
	SUMMER 2	ACADEMIC YEAR	SUMMER 1		
AUTHORIZER'S SIGNATURE					
DATE					
W-4	I-9	DD	SS	EC	P/ID