

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

<b>EFC:</b>	<b>UNMET NEED:</b>	<b>CONTRACT STATUS:</b>			
		<input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED			
<b>CONTRACT PERIOD:</b>					
<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	
<b>PROGRAMS:</b>					
<input type="checkbox"/> AR(Tutorial)		<input type="checkbox"/> CF(FWSC)		<input type="checkbox"/> CFJLD (Community Service)	
				<input type="checkbox"/> FJLD (Off Campus)	
<b>PIN #:</b>	<b>APPROVED HOURS:</b>			<b>APPROVED AWARD AMOUNT:</b>	
	<input type="checkbox"/> SUMMER 2	<input type="checkbox"/> ACADEMIC YEAR	<input type="checkbox"/> SUMMER 1		
<b>APPROVED RATE OF PAY:</b>					

AUTHORIZER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

W-4 \_\_\_\_\_ I-9 \_\_\_\_\_ DD \_\_\_\_\_ SS \_\_\_\_\_ EC \_\_\_\_\_ P/ID \_\_\_\_\_