

Rider University - Student Employment Contract

Student Section

Bronc Id _____

Student Last Name _____ Student First Name _____

Home Address _____ Campus Lawrenceville
_____ Princeton

Cell Phone Number _____ U.S. Citizen Yes No

E-Mail Address _____

Class Standing Freshman Sophomore Junior Senior Graduate

Expected Graduation Date _____ Major _____

I agree to accept the position described below and to abide by any earnings limitations that have been established, not work more than 20 hrs/week, and understand that I must cooperate with the Supervisor, perform a satisfactory job and adhere to work schedules.

Student Signature

Date

Supervisor Section

Student returning to last year's position Yes No Number of Semesters in position _____

Student Position Title _____ Department _____

Start Date _____ Department Index Code _____

Term of Contract Fall and Spring Fall Only Spring Only Summer Other _____

Position Level Level I Level II Level III Grad. Asst. Student Intern Other _____

Hourly Rate _____

Supervisor Name _____ Supervisor Bronc ID _____

Supervisor Signature

Date

Budget Head Name _____

Budget Head Signature

Date

Disbursements Section

Position Number _____

Staff Authorization _____ Date _____