



Federal Work Study Student Employee Agreement

Student Name _____

KSU ID# _____

I agree to fulfill the duties and responsibilities of the Federal Work-Study job assignment the best of my ability, with honesty, integrity and commitment. I understand that as a Federal Work Study student employee, I am representing Kennesaw State University at all times.

PLEASE INITIAL EACH LINE UPON ACCEPTANCE

- _____ I agree to monitor my FWS award balance so that I do not earn more than the amount awarded.
- _____ I agree that I will not work over 20 hours per week.
- _____ I agree that I will never work during my scheduled classtime.
- _____ I agree to report to work on time and will not leave before my work schedule ends.
- _____ I will work with my supervisor to create a weekly work schedule and fulfill this schedule every single week, missing work only in cases of extreme emergency or when I am too sick to go to work.
- _____ I agree to notify my supervisor at least 1 day in advance any time I have to miss work (when possible).
- _____ I have read the Kennesaw State University – Federal Work Study Student Employee Handbook.
- _____ I agree to submit my hours worked on the scheduled date/time. Failure to do so will cause my pay to be held until the following pay period.
- _____ I will never, under any circumstances, falsify my hours. I understand that if I lie about hours, I will be terminated and could face harsh consequences from the University.
- _____ I will never use my cell phone or computer away from my work, to clock in and out of work and understand that this is grounds for termination.
- _____ I will never do homework, read newspapers or magazines, use my cell phone, or perform other extraneous activities during the time I am paid to be working unless given approval by my supervisor.
- _____ I agree to communicate with my supervisor regarding my plans and schedule for the following semester. When it is time for me to leave my job, I will notify my supervisor well in advance.
- _____ I understand in my capacity as a Federal Work Study student employee at Kennesaw State University that I may have access to confidential and private records of other Business Organizations, Public Schools, students, faculty and staff and/or pertaining to the University.
- _____ I understand that these confidential and private records are protected by the federal law from disclosure to third parties unless pursuant to narrow exceptions and that other confidential records must not be disclosed.
- _____ I agree to maintain the confidentiality and privacy of all such records during and after my period(s) of employment at Kennesaw State University. I shall not, directly or indirectly, communicate to any other person other than my supervisor, or any individual approved by my supervisor, any information concerning such records. I understand any such disclosure may be grounds for termination, prohibition of future employment under the Federal Work Study program at Kennesaw State University.

I realize that violating any terms of this agreement could result in termination from my Federal Work Study position.

Student's Signature _____

Date _____