

FOR SEO USE ONLY:  
Date Received:



## STUDENT EMPLOYMENT CONTRACT

### TO BE COMPLETED BY STUDENT

I have read, understood, and agree to abide by the rules and regulations of the Federal Work Study/Campus Employment program. I recognize once I begin working, if, I choose not to comply with the Federal Work Study/Campus Employment procedures and/or, I am ineligible for the Federal Work Study/Campus Employment 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

SOCIAL SECURITY 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)

☐ CAMPUS EMPLOYMENT  
(CE)

#### 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 - RETURNING STUDENT?

☐ YES (RETURNING STUDENT)

☐ NO (NEW HIRE)

AMOUNT YOU WANT AWARDED FROM  
YOUR Work Study/Campus Emp. BUDGET:

#### PLEASE CHECK ONE - REQUESTED RATE OF PAY:

\$

☐ \$8.25 - \$8.75 (FWS ONLY) ☐ \$7.25 - \$10.00 (CE ONLY) ☐ \$10.00 - \$14.00 (AC/CS ONLY)

PLEASE PRINT HOURLY RATE OF PAY: \_\_\_\_\_

PLEASE COMPLETE - START DATE:

PLEASE COMPLETE - END DATE:

PLEASE COMPLETE - 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/CAMPUS EMPLOYMENT 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:

☐ APPROVED

☐ PENDING

☐ DENIED

#### CONTRACT PERIOD:

☐ FISCAL YEAR

☐ SUMMER 2

☐ ACADEMIC YEAR

☐ FALL ONLY

☐ SPRING ONLY

☐ SUMMER 1

#### PROGRAM:

☐ AR(Tutorial)

☐ CE(Campus Emp.)

☐ CF(FWSC)

☐ CJ (Community Ser.)

☐ FJLD

PIN #:

SUMMER 2

APPROVED HOURS:

ACADEMIC YEAR

SUMMER 1

APPROVED AWARD AMOUNT:

APPROVED RATE OF PAY:

AUTHORIZER'S SIGNATURE

DATE

T/D

W-4

I-9

DD