**14-15 Student Employment Agreement**

**SE Office Use Only:**

FED STA INST \*\*SPAP

AWARD $ \_\_\_\_\_\_\_\_\_\_\_

W-4 \_\_\_\_\_ S \_\_\_\_\_\_ M \_\_\_\_

I-9 \_\_\_\_\_ Dep’t Code \_\_\_ \_\_\_\_

 **Gustavus Adolphus College**

 **Supervisor and student employee must complete this form and submit to the Financial Aid Office.**

 **(\*\*SPECIAL APPROVAL POSITIONS MUST BE APPROVED WITH FINANCIAL AID BEFORE HIRE)**

 Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) Gustavus ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) Aide Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check the semesters you plan to work: FALL ONLY\_\_\_\_\_ SPRING ONLY\_\_\_\_\_ BOTH\_\_\_\_\_

 Previously employed by Gustavus: YES\_\_\_ NO\_\_\_ Year of expected graduation from Gustavus \_\_\_\_\_\_\_\_\_

 \_\_\_ I will also be splitting work in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department

Te**rms of Agreement:**

1. Dates of Employment:This agreement covers September through May, including Nobel Conference days, reading day breaks, final examination days, touring week, and May Day. This agreement does not cover the breaks for Thanksgiving, Christmas, and Spring/Easter. You are expected to honor all hours scheduled by the department, including evenings, weekends, and breaks covered under this agreement. Changes in schedules due to breaks, exams, etc. should be discussed in advance with your supervisor.
2. Earnings Limit: If you have student employment on your financial aid award, you may earn up to the amount listed on your most recent financial aid award from all work positions on campus. Changes in your financial aid award impact this agreement. The amount of the award is not guaranteed and is subject to the availability of work, the compatibility of your schedule with the department’s requirements, and the actual number of work hours you complete. Once you have earned the awarded amount of student employment, you will have to stop working unless your supervisor has received approval for additional earnings.
3. Forms: You must have a completed I-9, a completed W-4, and this completed agreement on file in the Financial Aid Office before you can start working.
4. Student employee will be paid monthly on the 15th. Please submit your time through WebAdvisor. Late reporting will be paid the next month.
5. If an employee will be absent from work, he/she must notify the supervisor as far in advance as possible.
6. The College reserves the right to revoke an agreement in the event attendance, work, conduct, or attitude is unsatisfactory. Being terminated from a student employment position may prohibit you from being employed for at least the remainder of the academic year. If you are terminated, reassignment is based upon the recommendation of the terminating supervisor in consultation with the Financial Aid Office.
7. As a student employee of Gustavus Adolphus College, I understand that I may have access to Gustavus’s Confidential Information. I agree as a condition of employment not to disclose any confidential information.

I have read this Student Employment Agreement, accept student employment under the terms stated and will complete Form I-9 and W4 on or before my first day of employment.

 Student Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SE OFFICE USE ONLY: CRI\_\_\_ FMF\_\_\_ HR\_\_\_ SS\_\_\_ SCANNED\_\_\_ WA\_\_\_