

Summer 2025 Employment Agreement

First and Last Name: _____ Check if current Gustavus Student ☐

Student ID#: _____ E-mail: _____

Phone #: _____ Anticipated Graduation Year: _____

Supervisor must complete this section and submit with signatures below to Research Sponsored Programs Office

Supervisor Name: _____ Department Name: _____

Funding Source or Grant Name: _____ ☐ Internal ☐ External

Funding GL Account Number (payroll): _____

Hourly Pay Rate \$ _____ (2025 base rate for student summer research is \$15.50)

Start Date: _____ End Date: _____

Student Summer Research Agreement:

1. Non-exempt employees are paid on the bi-weekly payroll schedule through direct deposit.
2. If an employee will be absent from work, he/she must notify the supervisor as far in advance as possible.
3. Employees must complete the I9 employment verification document, MN-W4, Federal W-4, and direct deposit form.
4. Student may not work over 40 hours in each week unless prior approval has been made.
5. In accordance with Gustavus policy and applicable law, the following deductions will be made from your payroll checks, depending on your elections:
 - Federal and state withholding for taxes, social security, etc.
 - Other deductions authorized by you or applicable law.
6. As an employee, I have received a job description and/or had the requirements of the job explained.
7. As an 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.
8. Gustavus Adolphus College does not discriminate based on race, color, national origin, ancestry, sex, disability, religion, age, sexual orientation, or veteran status in its education or employment programs or activities.
9. Employment with Gustavus is for no specific period of time. Your employment with Gustavus will be "at will" meaning that either you or Gustavus may end your employment at any time and for any reason, with or without cause. Any contrary representations that may have been made to you are superseded by this agreement.

By signing below, I have read this Employment Agreement and accept the terms and conditions above.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____