

Student Employment and Supervisor Agreement (Grant Funded)

Student Employee Name: _____ (Please Print)

Gustavus ID Number: _____

Contact information: E-mail _____ Phone: _____

Please check if: previously employed by Gustavus – You will **not** have to complete an I9 form if box is checked.

Grant/Funding Information:

Supervisor Name _____ Department Name: _____

Funding Source or Grant Name: _____ Internal External

Funding GL Account Number (for payroll): _____

Please indicate the specific employment period for this employee:

Start Date: _____ End Date: _____ Hourly Pay Rate: \$ _____

Student Employee and Supervisor Agreement:

1. Student employee will be paid on the monthly payroll. Please submit your time through MyGustavus by the Student Time Entry Deadline indicated on the 2024-2025 Pay Dates Information: <https://gustavus.edu/financialaid/employment.php>
2. Supervisor must approve student hours by the monthly Supervisor Approval Deadline.
3. If a student employee will be absent from work, he/she must notify the supervisor as far in advance as possible.
4. Student employee may not work more than 40 hours per week.
5. Student employee may have more than one on-campus job, but may not work more than 40 total hours per week.
6. A verified I9 and direct deposit form are required to be complete and on file before you begin employment.
7. If the position is paid from Federal, State, or Local grant funds I agree to abide by the Gustavus Responsible Conduct of Research Policy and complete the mandatory training: <https://gustavus.edu/research/responsibleconduct.php>.
8. 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.

I have read this Student Employment and Supervisor Agreement, accept the terms stated, and will complete Form I-9, and show two forms of identification (only complete form I-9 if you have never worked on campus before). I understand that I must complete paperwork and any required training on or before my first day of employment.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____