

# FWS

<b>Payroll Office Use Only</b>	____New Hire ____Rehire
SUNY ID #	Income Code:
Line	Award:
N	Account #: 211540-

## FEDERAL WORK-STUDY (FWS) AGREEMENT Academic year 2023-2024

Student name: \_\_\_\_\_ Department: \_\_\_\_\_

Effective date: \_\_\_\_\_ End date: \_\_\_\_\_ (No later than **May 10, 2024**)

### STUDENT EMPLOYEE

I agree that I:

- Will earn the current New York State minimum wage rate per hour, for a maximum of \$2000 for the 2023-2024 academic year.
- This commitment cannot exceed **5 hours per week**.
- Understand my duties, responsibilities, and rights as explained by my supervisor.
- Must provide a day's work for a day's pay.
- Must report to work on time each day I am scheduled to work.
- Must notify my supervisor in advance if I am going to miss work or be late.
- Must only record time worked on my timesheet and submit it to my supervisor for approval by the deadline.
- Must refer to the payroll calendar for timesheet pay periods, submission deadlines and paycheck dates.
- Understand I cannot exceed my Federal Work Study award amount.
- Understand I may be terminated for reasons that include but are not limited to: continual lateness or absence, poor work performance, violations of confidentiality, stealing, and dishonesty (including falsifying time sheets).

*I affirm that I will use any funds I receive from the Federal Work-Study Program and/or any other Title IV program for expenses related to attendance at SUNY Morrisville during the 2023-2024 academic year.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student telephone number(s): \_\_\_\_\_

Student e-mail address: \_\_\_\_\_

### SUPERVISOR

I certify: **(please initial)**

- I have confirmed this student's eligibility for Federal Work-Study for the 2023-2024 academic year.

I agree:

- To employ the student named here to work a **maximum of 5 hours per week** for academic year 2023-2024
- That this student was selected and will be assigned duties and otherwise treated without regard to race, color, religion, national origin, sex, sexual orientation, age, disabilities, marital or parental status.
- That I will adhere to the College's policies and procedures related to completion of pre-employment documentation for the student, submission of time sheets, and termination procedures.

Supervisor print name: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor telephone number(s): \_\_\_\_\_

Supervisor e-mail address: \_\_\_\_\_