



Student Employment Agreement

For the period August 25, 2019 – May 24, 2020

TO BE COMPLETED BY THE STUDENT:

I understand that I have the following responsibilities as a student employee at Carthage:

- 1) I must arrange a suitable work schedule with my supervisor and maintain that schedule;
- 2) I may terminate my employment with Carthage at any time, for any reason. I am asked to provide a notice of two weeks prior to my anticipated departure date.
- 3) I will not exceed a 20-hour work week (inclusive of all jobs working on campus) during the academic semesters. This expectation excludes GA and TLE classified employees;
- 4) As a student employee, I am not eligible to work overtime or receive comp time;
- 5) I am responsible for completing and adhering to the Student Employment Agreement for each position I hold on campus;
- 6) I understand that it is my responsibility to maintain an accurate record of my time worked and that I will receive no compensation from Federal Work-Study funds for hours worked in excess of my Federal Work-Study eligibility;
- 7) I will submit my hours worked during any pay period by the appropriate payroll deadline, so that I will be paid accurately and timely according to the College's payroll schedule;
- 8) I further understand that this contract expires no later than May 24, 2020; and
- 9) **Before I may begin working**, I understand that my Student Employment Agreement, along with proof of federal work study standing (a screen shot or copy of the Financial Aid Award which designates eligibility) must be submitted to and approved by Human Resources on or before my first day of work; and I must also provide the required documentation and complete my Form I-9 and federal and state tax Employee Withholding Allowance Certificates (Federal W-4 Form and State WT-4 Form). If I am under the age of 16, I will need to provide a work permit.

CONFIDENTIALITY STATEMENT

As a student employee of Carthage College, you may have access to information that is made confidential by federal law, such as the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, state law, or other College rules or regulations. It is imperative that you maintain the confidentiality of that information. All members of the Carthage College Community have the right to expect that all other members, in whatever role they may function, will respect their privacy and never disclose information in an inappropriate manner. Each employee is personally responsible for the protection of all information to which they have access at Carthage College.

Student Name: _____ Student ID: _____

Student E-Mail: _____ Student Phone: _____

Permanent Home Address: _____

ACKNOWLEDGEMENT

I hereby certify that I have read the above responsibilities and confidentiality statement and fully understand and agree with the expectations of employment under the Student Employment Program. I am aware that failure to comply with any of the above conditions may result in disciplinary action being taken against me, including termination from employment. I am also aware the College retains the right to pursue prosecution when misuse of its information or resources is suspected. As an undergraduate student, I understand that I am able to work a maximum of 20 hours per week regardless of how many jobs I am employed in by Carthage College.

Student's Signature: _____ **Date:** _____

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TO BE COMPLETED BY THE SUPERVISOR:

Student's Name:	
Job Title:	
Department Name:	
Account Code:	
Work Hours To Be Approved By:	
Maximum Hours Approved to Work Per Week:	
For students hired for a new position on or after 08/07/17, circle the appropriate job category/pay rate on the pay schedule below.	
For students continuing in positions they were hired into prior to 08/07/17, enter the hourly pay rate:	
Request for pay other than hourly rate:	

The student listed above is qualified to work in my department and I will provide adequate training and supervision for the student. I understand that the student will be paid from Federal Work-Study funds only for those hours worked as an eligible student and I will monitor hours worked so that maximum earnings do not exceed the noted Federal Work-Study limit. I understand it is the joint responsibility of my department and the student to ensure that no excess hours are worked. If an ineligible student submits hours for payment, I understand it is the responsibility of the department to compensate for these hours. I agree to obtain and approve all hours worked during any pay period by the appropriate payroll deadline, so that the student will be paid accurately and timely, according to the College's payroll schedule.

Budget Supervisor's Signature: _____ **Date:** _____

STUDENT WORKER PAY SCHEDULE EFFECTIVE FOR NEW STUDENT WORKER HIRES POST AUGUST 7, 2017										
Level	Expertise	Experience	Academic Support	Mentor	Intern Researcher	Tech Support	Community Based Work Study	Department Assistant	Public Relations Assistant	Event Assistant
I	None	None	N/A	N/A	N/A	N/A	\$10.00	\$7.25	\$7.50	\$7.25
I	Job-related expertise	Limited	\$7.50	\$7.50	\$9.00	\$8.00	\$10.00	\$7.25	\$7.75	\$7.25
II	None	One year	N/A	N/A	N/A	N/A	\$10.00	\$7.50	\$8.00	\$7.50
II	Job-related expertise	One year	\$7.75	\$7.75	\$10.00	\$8.25	\$10.00	\$7.50	\$8.00	\$7.50
III	None	Two years	N/A	N/A	N/A	N/A	\$10.00	\$7.75	\$9.00	\$7.75
III	Job-related expertise	Two years	\$8.00	\$8.00	\$11.00	\$8.50	\$10.00	\$7.75	\$9.00	\$7.75
IV	None	Three years	N/A	N/A	N/A	N/A	\$10.00	\$8.00	\$10.00	\$8.00
IV	Job-related expertise	Three years	\$8.25	\$8.25	\$12.00	\$8.75	\$10.00	\$8.00	\$10.00	\$8.00