Kentucky Wesleyan College Student Employment Agreement Departmental

THE STUDENT **MAY NOT** BEGIN WORK UNTIL THE STUDENT AND SUPERVISOR RECEIVE AN EMAIL FROM HUMAN RESOURCES STATING THEY ARE CLEARED TO WORK.

Term: Fall 2026☐ Spring 2027☐

This agreement is between Kentucky Wesleyan College and the student listed below concerning the student work study employment program. It indicates the requirements of the student and the supervisor and should be used in conjunction with the information contained in the Handbook for Student Workers.

Continued student employment is contingent upon satisfactory student performance, as well as continued eligibility for the Work Study Program. If the student's performance is unsatisfactory, the student will be removed from the assignment. The university is not obligated to provide another position for the student. It is the student's responsibility to pay the remainder of any resulting university account balance**.**

Your rate of pay is $____per hour, up to 20 hours/week. You are eligible to work the remaining weeks during the_____semester. No student is approved to work more than 20 hours/week.

Student Statement:

As a participant in the student employment program, I agree to:

- Enter hours worked at the end of each pay period in ADP (no exceptions)
- Complete the work assignment to the best of my ability
- Adhere to the work schedule as agreed upon by my supervisor
- Notify my supervisor in advance in the instance of illness or unexpected absence from work and arrange to make up the missed hours
- Be punctual
- Adhere to the department guidelines and dress code
- Report any problem with student employment to the Office of Human Resources
- Carefully review and follow policies as outlined in the Handbook for Student Workers, which may be found online in the Panther Intranet under Human Resources.

STUDENT STATEMENT

I have received access to the KWC Handbook for Student Workers and understand the policies and procedures therein. By my signature, I agree to adhere to the conditions and rules outlined in the handbook and in this agreement**. I also agree that I will not work during a scheduled class time, regardless of reason. I understand that if it is found that I worked during a scheduled class time, even if class is over early or**

does not meet, my Work Study award will be revoked, and I will not be allowed to participate in the Program for the remainder of that Academic Year.

_____ _____

Student Signature Date

SUPERVISOR STATEMENT

I agree to employ this student and to provide supervision according to the conditions outlined in this agreement and in the KWC Handbook for Student Workers. I also agree that I will not allow our Work Study student to

- Work more than 20 hours/week
- Work during a scheduled class time, regardless of reason
- I **understand that if it is found that I allowed a student to work during a scheduled class time, my Work Study student will be removed, and I will not be allowed to have a Work Study student in my area/department for the remainder of that Academic Year.**
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I agree to

- Ensure work study hours are in ADP at the end of each pay period.
- Approve work study hours in ADP at the end of each pay period.

_____ _____

Student Worker Supervisor Signature Date

Department Budget Number_____

_____

Approved by Director of Human Resources