



Office of Student Financial Aid

Federal Work Study Student Employee Agreement

Student Name _____

KSU ID# _____

I agree to fulfill the duties and responsibilities of the Federal Work-Study job assignment the best of my ability, with honesty, integrity and commitment. I understand that as a Federal Work Study student employee, I am representing Kennesaw State University at all times.

PLEASE INITIAL EACH LINE UPON ACCEPTANCE

_____ I agree to monitor my FWS award balance so that I do not earn more than the amount awarded.

_____ I agree that I will not work over 20 hours per week.

_____ I agree that I will never work during my scheduled class time.

_____ I agree to report to work on time and will not leave before my work schedule ends.

_____ I will work with my supervisor to create a weekly work schedule and fulfill this schedule every single week, missing work only in cases of extreme emergency or when I am too sick to go to work.

_____ I agree to notify my supervisor at least 1 day in advance any time I have to miss work due to emergency or illness (when possible).

_____ I have read the Kennesaw State University – Federal Work Study Student Employee Handbook.

_____ I agree to submit my hours worked on the scheduled date/time. Failure to do so will cause my pay to be held until the following pay period.

_____ I will never, under any circumstances, falsify my hours. I understand that if I lie about hours, I will be terminated and could face harsh consequences from the University.

_____ I will never use my cell phone or computer away from my work, to clock in and out of work and understand that this is grounds for termination. If I experience any problems clocking in or out, I will notify the FWS Program Coordinator immediately.

_____ I will never do homework, read newspapers or magazines, use my cell phone, or perform other extraneous activities during the time I am paid to be working unless given approval by my supervisor.

_____ I agree to communicate with my supervisor regarding my plans and schedule for the following semester. I will work with my supervisor if my work hours need to change due to my class schedule. When it is time for me to leave my job, I will notify my supervisor well in advance.

I realize that violating any terms of this agreement could result in termination from my Federal Work Study position.

Student's Signature _____

Date _____