

**TO BE COMPLETED BY THE STUDENT**

<b>Student's Name:</b>	<b>Z #</b>
<b>Email Address:</b>	<b>Phone #</b>
<b>Major:</b>	<b>Year in College:</b>

 Previous Work Experience \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I understand and agree to the following:**

- If I work 5 or more hours in a shift, I must take a minimum 30 minute break
- If I am not enrolled full time (12 credits) per semester, my FWS award will be pro-rated
- I will earn the NJ minimum wage rate set forth in N.J.A.C.12:56-3.1 and accrue Personal Time Off (PTO) per the Stockton Human Resources Policy
- I may work a maximum of 20 hours per week
- I will not exceed my maximum award per semester as shown below
- I understand my FWS earnings will not be applied directly to my tuition account

**In order to remain employed under the program, I must:**

- Perform a satisfactory job and cooperate with the particular department's procedures
- Adhere to work schedules
- Inform my supervisor of absences in advance if possible. If unable, inform as early as possible on the day of my absence
- Notify the Office of Financial Aid when intending to terminate my employment as well as the department/employer for which I work

If I fail to work and adhere to the good job practices as stated above, my employment will be terminated. I understand that upon termination of my employment, a Supervisor's Evaluation Report will be completed and forwarded to the Office of Financial Aid to determine future consideration in the Federal Work Study Program. It is my right and responsibility to review and sign this employment form.

I understand and accept the terms of employment as mentioned above under the Federal Work Study Program (FWS) for the period of enrollment awarded:

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date

**TO BE COMPLETED BY THE SUPERVISOR**

This is to certify that I have conducted a serious job interview with the above named student, considering their skills and have accepted them for employment. Their employment will include an orientation, proper job training and a written description for their assigned position. I agree to monitor the student's hours to ensure they do not exceed maximum as listed below.

 *Supervisor – Check this box if electronic I-9 has been completed (new students ONLY)*

<b>Fall Award \$</b>	<b>Department Name:</b>	<b>Timesheet Organization #</b>
<b>Spring Award \$</b>	<b>WTE Approver:</b>	<b>Student's Supervisor's Phone #</b>
<b>Pay Rate \$</b>	<b>Student's Supervisor's Name:</b>	<b>Supervisor's Signature</b>