



MSOE STUDENT EMPLOYMENT CONTRACT

STUDENT SECTION:

Name: _____ MSOE ID#: _____

Permanent Address: _____

Permanent Phone #: _____ Campus Phone #: _____

Address While at School: _____

Were you awarded Federal Work Study for the academic year? Yes No

I agree to be a responsible employee of MSOE, bound by all the rules and regulations set forth by the Student Employment Manual. I understand that any false information given on my timesheets will result in disciplinary action and dismissal from the program. I have received, read, and understood the Student Handbook and the Student Employment Manual and will comply by the procedures and policies set forth. I agree to maintain the confidentiality of all information and understand that any disclosure of confidential information is grounds for immediate termination.

Student Signature

Date

SUPERVISOR SECTION:

Department: _____ Building/Location: _____

Supervisor: _____ Phone Number: _____

Pay rate: \$ _____ Academic Year: _____ Summer Employment: _____

Student's Job Title: _____

I agree to oversee the duties performed by this student while making sure she/he adheres to the rules and regulations set forth by the Federal Government and MSOE regarding the Student Employment Program. I have received, read, and understood the policies and procedures set forth in the Student Employment Supervisor Manual.

Supervisor Signature

Date

ADMINISTRATIVE SECTION:

Campus Work Study _____ Community Work Study _____ Straight Hire _____

Class level: _____ Hourly Rate: _____

Forms Completed: W4 _____ I-9 _____ Direct Deposit _____

FOR WSF USE ONLY: Total dollars awarded for year: \$ _____

Total Hours Awarded _____ Average # of Hours Per Week _____

Administrator Signature

Date