



## Governors State University Off-Campus Federal Work Study Student-Employee Agreement

I, \_\_\_\_\_, agree to fulfill the duties and responsibilities of the Federal Work Study-Community Service job assignment to the best of my ability, with honesty, integrity, and commitment. I understand that as a Federal Work Study-Community Service student-employee, I represent the best of the Governors State University student body at the agency where I work.

### **-PLEASE INITIAL EACH LINE UPON ACCEPTANCE-**

1. \_\_\_ Monitor my FWS award balance so that I do not **earn** more than the amount awarded.
2. \_\_\_ Report to work **on time** and in an **appropriately professional** manner of dress. I will contact my supervisor for particular requirements as dress code may vary.
3. \_\_\_ Agree upon a weekly work schedule (**no overtime allowed even during the summer**) 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.
4. \_\_\_ Notify my supervisor a day in advance any time I have to miss work due to an emergency or illness and make up those hours if possible.
5. \_\_\_ I understand that it is my responsibility to understand and abide by the practices and procedures outlined. If I do not understand a policy or procedure, it is my responsibility to seek assistance/clarification from the GSU Liaison in the Office of Student Life, (708) 235-7653.
6. \_\_\_ Turn time sheets in on time to the Student Life Office, A2100, according to the payroll schedule and/or **receiving an e-mail as a reminder stating the due date. Students who do not turn in their signed time sheet will not be paid.**
7. \_\_\_ Never, under any circumstances, falsify my hours. I understand that if I lie about hours, I will be terminated and will face harsh consequences from the University, possibly including expulsion and loss of all financial aid eligibility and prosecution.
8. \_\_\_ **Never use my cell phone to clock in and out of work.** Audits will be conducted randomly. I understand that if I use my cell phone, I will receive a warning after the first offense and be terminated after the second occurrence. If I experience any problems clocking in or out, I will notify the Office of Student Life.
9. \_\_\_ Never do homework, read newspapers, magazines, etc., use a cell phone, or perform other extraneous activities during the time I am paid to be working.

10. \_\_\_ As the end of each semester nears, I agree to communicate with my supervisor regarding my plans and schedule for the following semester. I will complete a new schedule and give a copy to my supervisor when my work hours change. When it is time for me to leave a job, I will notify my supervisor well in advance.

11. \_\_\_ I will give a copy of this signed agreement to my Off-Campus supervisor.

I realize that violating any terms of this agreement could result in termination from the off-campus employment and further disciplinary action.

\_\_\_\_\_  
Signature of Student-Employee

\_\_\_\_\_  
Governors State ID#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Supervisor

\_\_\_\_\_  
Supervisor's e-mail address and phone number