

Federal Work Study Student Employee Responsibility Agreement

As a student employee of Holyoke Community College, these guidelines must be followed in order to promote success in the classroom and ensure compliance with the regulations guiding the administration of the Federal Work Study program. Please read through the entire Federal Work Study Employment Packet and sign below stating that you understand each of the following statements:

1. I understand that I am being hired as an employee of Holyoke Community College and therefore must act in accordance with and adhere to the College's Code of Conduct and the Family Educational Rights and Privacy Act.
2. I understand that I am expected to give my supervisor a copy of my current class schedule. I must have a reasonable amount of time to get to and from class and will therefore not begin work sooner than the quarter hour following the end of class and will finish work by the quarter hour preceding a class time.
3. I understand that I am not permitted to work during any time in which I am scheduled to attend class.
4. I understand that it is important for me to adhere to my established work schedule and give my supervisor as much notice as possible if any changes in schedule are needed.
5. I understand that if my class schedule changes in any way (i.e. add/drop, course withdrawal), I must give my supervisor an updated class schedule.
6. I understand that I must report my time worked on SSTA each day worked, and that my time reported must be reflective of actual hours worked.
7. I understand that my earnings cannot exceed (a) my Federal Work Study allocation for the award year and (b) my supervisor's departmental work study budget allocation, and therefore my supervisor may need to reduce or eliminate hours from my work schedule.
8. I understand that if I completely withdraw from the College at any time during my employment, then I must stop working immediately.

9. I understand that my work performance may be evaluated in writing by my supervisor and that I will have an opportunity to express my own comments or concerns about my employment for that term on this written evaluation.
10. I understand that rehiring is not an automatic process and my supervisor will need to indicate the desire to rehire me each semester by signing the *Student Employment Authorization*.
11. I understand that I must re-apply for financial aid each academic year and that I should apply by the priority deadline for the best chance of receiving Federal Work Study funding.
12. I understand that if it is determined that I am no longer making Satisfactory Academic Progress (SAP) according to HCC's SAP policy, then I must stop working immediately. A copy of HCC's SAP policy can be accessed online at www.hcc.edu/sap.
13. I have read the *Federal Work Study Student Employee Handbook* and understand that I am responsible for adhering to the policies and procedures it contains. A copy of this handbook can be accessed online at www.hcc.edu/workstudy. _____
Print initials
14. I understand that I am not permitted to begin working until I have received written confirmation from the Financial Aid Office.

By signing below, you are stating that you understand and agree with the aforementioned guidelines. This statement remains in effect for all periods of Federal Work Study employment at Holyoke Community College.

Print Name: _____

Signature: _____

HCC ID #: _____

Date: _____