

**Federal Work Study  
Student Employee Rights & Responsibilities 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 the **Federal Work Study Student Employee Handbook**. Initial each statement 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 I must act in accordance with and adhere to HCC's Code of Conduct and the Family Educational Rights and Privacy Act.
2. I have accessed and read the *Federal Work Study Student Employee Handbook* in its entirety 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](http://www.hcc.edu/workstudy).*
3. I understand the roles of the supervisor and designee, and that I may receive job training from a designee but must speak with my supervisor regarding questions about my employment.
4. I understand that I should immediately report any questions or concerns regarding issues of conduct or inappropriate work environment to the Office of Human Resources.
5. I understand that I am not permitted to begin working during an employment period until I have received written confirmation from the Financial Aid Office for that period of employment.
6. I understand that I must sign in to my staff account and use it for work assignments. I will use my student ID number as my Banner ID.  
*Set-up Instructions can be found at the following link: [First-Time Sign In HCC Account and myHCC Dashboard Faculty and Staff - Google Docs](#)*
7. I understand that I must complete the **Cybersecurity training** as a new employee the first day I start working.  
*The student and supervisor will receive an email from IT regarding this requirement.*
8. I understand that I must give my supervisor a copy of my current class schedule and final exam schedule. I understand I must have a reasonable amount of time to get to and from class and therefore will not begin work sooner than the quarter hour following the end of class time or finish work after the quarter hour preceding a class time.

9. I understand that I am not permitted to work during any time at which I am scheduled to attend a class or a final exam.
10. 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.
11. I understand that if I completely withdraw from the College at any time during my employment, then I must stop working immediately.
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](http://www.hcc.edu/sap).*
13. I understand that receipt of additional scholarship, grant, or loan aid may require a reduction of my Federal Work Study funding and, if so, I must adjust my work hours accordingly.
14. I understand that receipt of additional scholarship, grant, or loan aid may require cancellation of my FWS funding and, if so, I must stop working immediately.
15. 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 my schedule are needed.
16. I understand that I must report my time worked on SSTA on each day worked, and that my time reported must be reflective of actual hours worked.
17. I understand I must take one unpaid thirty-minute lunch break for more than six consecutive hours of work.
18. I understand that I must monitor my earnings and that my earnings cannot exceed (a) my Federal Work Study allocation for the employment period authorized 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.
19. 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.
20. I understand that my supervisor must notify me in writing of any warnings, disciplinary action taken, or termination of my position as a result of my misconduct.
21. I understand that rehiring for the next employment period is not an automatic process, and my supervisor must indicate a desire to rehire me each semester by signing a new *FWS Student Employment Authorization Form*.
22. I understand that I must re-apply for financial aid each academic year and that I must apply by the priority deadline and meet specific eligibility criteria for the best chance of receiving Federal Work Study funding.

**By signing below, I state that I understand and agree with the outlined guidelines. I understand this agreement remains in effect for all periods of my Federal Work Study employment at Holyoke Community College.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

HCC ID #: \_\_\_\_\_

Date: \_\_\_\_\_