

STUDENT EMPLOYMENT CONTRACT STUDENT ASSIST

All student employees must work an average of less than 30 hours per week (total hours for all student assist contracts) to comply with the Affordable Care Act regulations. Federal regulations limit international students to 20 hours per week (total hours for all contracts) while school is in session.

EMPLOYMENT INFORMATION

Job Title: _____

Rate per Hour: \$ _____

Bloodborne Pathogen Level (check one):

level 3 (no risk) level 2A level 2AS level 1

Descriptions of the levels can be found under the online Supervisor's resources. Training is required for all levels other than 3.

Contract start date: _____

Cost Center to be Charged:

Cost Center Title: _____

Hiring Dept. (if different): _____

EMPLOYER'S CERTIFICATION & AUTHORIZED TIMESHEET SIGNATURES: This is to certify that the above student has been hired by our department and that work performed will be in compliance with the student employment regulations found in the Supervisor's Handbook.

Supervisor responsible for time approval in HRS:

Printed name: _____

Signature Date

Back-up Supervisor responsible for time approval in HRS:

Printed name: _____

Signature Date

Account Custodian:

Printed name: _____

Signature Date

STUDENT INFORMATION

Name (please print): _____

Student ID#: _____

Campus email: _____

Local Phone: _____

Have you worked on campus (for UWS) before?

Yes No

Have you been paid through student employment (at UWS) within the last 12 months?

Yes No

Students who have not been employed on campus before MUST complete new-hire paperwork BEFORE they begin working. The forms are available in the Financial Aid Office and online. A criminal background check (conducted by the Human Resources Office) is also required of all new employees and of anyone who has had a 12-month break in employment.

I understand that it is my responsibility to review the online Student Employment Handbook and abide by the regulations.

I understand this agreement prohibits disclosure of all confidential or sensitive data to which I may have access through my campus employment, and that I am strictly prohibited from sharing that information in any form whatsoever. This includes verbal communication as well as written or copied transfer of documents. Any disclosure will be cause for immediate dismissal from campus employment.

Student's Signature Date

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For Office Use Only:

Enr. F____ Sp____ Sm____ F____

Empl ID: 00 _____

Rec #: _____

- Budget Funding
- T&L Security
- WS indicator off

CBC: _____

- Y New Hire
- Y > 12 break
- Y Position of trust
- N Continuous empl.
- N <12 mo. break
- N Performer

Processed by: _____ Date: _____ Supv. notified: _____

SUPERVISORS: PLEASE KEEP A PHOTOCOPY OF THE COMPLETED CONTRACT FOR YOUR RECORDS. NO STUDENT MAY BEGIN WORKING UNTIL THE SUPERVISOR HAS RECEIVED NOTIFICATION FROM THE PAYROLL OFFICE THAT THE CONTRACT HAS BEEN PROCESSED.