



2024-2025 Student Employment Contract

Federal Work Study

September 4, 2024 – May 2, 2025

STEP 1: To be completed by the STUDENT

Student Name (please print): _____ Fisher ID: _____

Personal E-Mail: _____ New to the work study program
 Returning to the work study program

Cell Phone Number: _____

Student Signature: _____ Date: _____

This form serves as a contract to the job listed below. Students are required to obtain authorization from the Office of Financial Aid AND the Payroll Office prior to working on campus. **Therefore, before a student can begin working, they must present their supervisor with this form, complete with approvals and signatures from BOTH the Office of Financial Aid and the Payroll Office, otherwise the student is not eligible to work on campus.**

STEP 2: To be completed by the SUPERVISOR

Hiring Department: _____ Dept. Code (required): _____

Will your student need IT access in their position? If 'yes' please complete the IS New/Rehire form. Yes No

Student Position: _____

Hiring Supervisor's Name (please print): _____

Supervisor Signature: _____ Date: _____

Students are required to be dependable, punctual, and perform duties to the best of their abilities. Supervisors will provide the appropriate direction and supervision of work performed. Please keep in mind that no student will be compensated for working more than the allotted hours listed below unless previously approved. **Supervisors and students must jointly plan and monitor the student's weekly work hours, ensuring that all work has been scheduled appropriately so that all earnings can be reached but not exceeded. Timecards must be approved before noon on Monday.**

* If more than one position is obtained, hours combined for both jobs must be monitored so allocation of hours is not exceeded.

STEP 3: To be completed by PAYROLL

Payroll Signature: _____ Date: _____

- I-9 Completed
- W-4
- M-4
- Direct Deposit Form

Please see Pamela Saucer-Richardson in the Payroll Office located at 116 Beacon Street, 1st Floor, Office # 116-13:
Office Hours: Monday-Friday: 9am-3:30pm

STEP 4: To be completed by FINANCIAL AID

Financial Aid Counselor's Signature: _____ Date: _____

Rate of Pay: \$15 per hour \$ _____ per hour approved by _____

Approved for: 15 hours per week _____ hours per week approved by _____

Federal Work Study Award \$ _____

Please complete Steps 1-3 and e-mail this form to Annette Mucci, amucci@fisher.edu to complete STEP 4.
A copy of this completed form will be e-mailed back to you and your hiring supervisor PRIOR to beginning work.