

Wayne County Community College District • Office of Financial Aid FEDERAL WORK-STUDY AGREEMENT

STUDENT NAME: LAST	FIRST		MIDDLE INITIAL
ADDRESS:	OUTV	07175	
STREET	CITY	STATE	ZIP
PHONE:	TERM: ☐ SPRING ☐	SUMMER FALL YEAR:_	
l understand an	d accept the following terms of my F	ederal Work-Study position	on:
My daily work hours should not exc	ceed 7.5 hours and my weekly hours should	not exceed 30 hours (NO EXCE	EPTIONS).
If I work more than 4 hours, I am e	ntitled to an unpaid ½ hour lunch.		
Pay Rate: • Student employee's	(1st year student) \$10.50/hr		
Student employee's	(2nd year student) \$11.00/hr		
Off-Campus tutoring	positions \$11.00/hr		
I must come to work on time or cal	I ahead of time if I will be late or unable to we	ork.	
NO CALL/NO SHOW ARE GROU	NDS FOR TERMINATION!		
 Falsifying my timesheet in any w the work-study program perman 	vay will result in the termination of my wo ently.	rk-study funds and I will be to	erminated from
I must maintain at least 6 credit ho	urs. If I drop below 6 credit hours, my employ	yment will be terminated.	
I cannot work while my class is in s	session.		
Once I begin my assignment, I can	not transfer between on and off campus site	s. I must stay at my current unti	I the next semeste
	and failing to call when not coming in during ess casual (NO BLUE JEANS, GYM SHOE		ounds for my
	mple: \$2,000) is the amount that I have to ea tt I am close to earning my award amount.	arn. It is my responsibility to mor	nitor my earnings.
THE LAST DAY OF CLASS for th prior to the last day of class.	at particular semester is THE LAST DAY	TO WORK unless I have been	terminated
	be paid for my time worked. Falsifying the ork-study funds and I will be terminated f		
students who work off-campus ; al other Thursday to 313-962-0324. F NO EXCEPTIONS! Off-campus ti	my timesheet on the specified day and time, il timesheets for the off-site locations should further, an electronic timesheet confirmation mesheets will not be processed until we revery other Thursday by 5:00 p.m.	be faxed no later than 5:00 p.m should be sent via email to wsp	. every @wcccd.edu.
By signing	this agreement I acknowledge my unders	standing and acceptance.	
STUDE	NT SIGNATURE	DATE	

DATE

IP-FWS-AG-7-2017

FEDERAL WORK-STUDY ADMINISTRATOR