## 2023-2024 FY STUDENT WORK AGREEMENT

## \*\*Complete this form for all FWS/STU Employees\*\*

FWSP	NON-FWSP	NEW	RETURNING	Addt'l POSITIO	N POSITI	ON CHANGE		
CAMPUS/SCHOOL:		EMP	ID#:	Location of Work	: CAMPUS	REMOTE		
EMP NAM	IE:							
	ess (Street Numb			rk will be performed)				
START DATE: END D		DATE: HOURLY RA		: HRS PER WEEK:		NO. OF WEEKS:		
MAX AWARD/TERM: MAX			WARD /YEAR:	DEPART	DEPARTMENT:			
POSS ID/D	ESCRIPTION:			GL ACCOUNT:				
W-4	ADDITIONAL EMPL State Tax Form (		RMS MUST BE C	OMPLETED AND SUB Direct Deposit		R WITH AGREEMEN Employee Data For		
Employee Inf	formation Data Sheet	t	Statement of Conf	identiality	Forms on File (	current students onl	y)	
Hours reflect Hours MUST Web time er Failure to en Required thi Work-study s FWS/STU do ne supervisor Graduating s Earnings are The Universi constraints a	ted on this contract at be entered DAILY and try MUST be submit ater hours into AU view of the first (30) minute meal at the students are not eliging not receive holiday prior to working. Attudents may not work taxable; appropriate the ty may withdraw you and/or failure to follows.	are the maximum of reflect actuated to supervew each pay part ble for employ pay during AU or past the last taxes will be common actually pow AU Student	um allowed for the lal hours worked. (isor for approval a eriod may result in five (5) hours of wayer benefits. Work holiday breaks. Wo deducted from you position if it is dete Employment, Payi	student per term, not Dvertime (OT) is NOT at the end of the pay per a discipline action and process and unless employees are covered by Worker's ork performed during doses that term. Check we repaychecks, and must remined that you are not coll/ Time Reporting and this Student Work Agreement.	necessarily the pallowed without eriod. Failure to do removal of y request a difference Compensation. designated AU how the reported to the longer eligible, d Work Hours, B	prior supervisor app do so may delay pay our work-study posi ent meal break time. didays/breaks must be before graduating. he IRS. due to budget	yment. ition. be approved by	
Student Sign	nature ————					Date ———		
Supervisor Authorizing Signature					Date			
	pervisor Name: (if no ime Approval)	t the FA Dept. R	Representative):			<u>-</u>		
Financial Aic	d Authorizing Signatu	re			Date			

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