THE CITY UNIVERSITY OF NEW YORK
FEDERAL WORK-STUDY PROGRAM
STUDENT/EMPLOYER CONTRACT

☐ 2 Week Payroll

☐ 3 Week Payroll

Name of College _____ Date _____

Student _____ S.S. # ☐☐☐ ☐☐ ☐☐☐☐
Last Name First Name

Address _____
Street Number and Name City/ State/ Zip

Telephone _____

Agency Code _____

Location Code _____

Maximum Earnings

Prior Sum./Acad. Yr. -	Expenditures =	Balance

Last Day to Work _____

Maximum Hours per Week
☐ 35/40 ☐ 20 ☐ Other

FOR OFFICE USE ONLY

Referred to: Name _____ Telephone _____

Dept/Agency Name _____

Address_____ City/State/Zip _____

Position _____Pay Rate $ _____

Previous Assignment _____

Referred by _____ Total Hours for Academic or Summer Program_____

SUPERVISOR: I have read the information and I agree to hire this student for the hours specified provided the student performs his/her tasks satisfactorily. I will maintain and mail timesheets the return address on the top of the timesheet form in accordance with the published deadlines. Incorrectly completed timesheets will be return and delay payment to the student. Please note that employment will be terminated when student has earned the maximum earnings shown above or reached the "Last Day to Work, " whichever comes first.

_____ _____ _____
Date Supervisor's Signature Print Name

_____ _____ _____
Date Other Authorized Signature Print Name

STUDENT: I will be or am currently enrolled at least half time at the above college. I understand that under the federal regulations, I cannot be paid from Federal Work-Study money for hors worked in excess of my award. It is my responsibility to maintain records so that I will know when my award is completed. Federal Work-Study is a financial aid program. FWS is taxable income but Federal, State, and City income taxes are not deducted unless I, the student, request it. I acknowledge this position has been arranged in conjunction with my studies and class schedule.

_____ _____
Date Student's Signature

WHITE – Office Copy CANARY – Supervisor PINK – Student