

Anderson University Work Study Supervisor Handbook 2011-2012

A comprehensive guide detailing on-campus student employment at Anderson University.



Anderson University
Financial Aid Planning Office
Rice Building
Anderson, SC 29621
864-231-2070
864-231-2008 Fax

Responsibilities of the Employer

The role of the supervisor is vital to the success of any work study program, and, in order to be effective, the supervisor must perform a wide range of activities.

Any permanent Anderson University employee can be a supervisor. Generally, the supervisor should be the person who has the most direct, daily contact with the student employee. Supervisors should only assign tasks which relate to operating academic programs, maintaining facilities, or supporting the institution in general.

As a supervisor, you are responsible for the development of the work environment. You must communicate departmental goals, provide job descriptions, organize assignments and establish expectations for your students. You will also be responsible for training, motivating, communicating with, guiding, evaluating and relating to your students. You should serve as a model for the development of good work habits such as punctuality, dependability, cooperation, honesty and efficiency.

A supervisor's primary responsibility is providing student employees with adequate guidance, training and support. You are responsible for the work assignment(s) that your work study student performs. Many students have a great deal of potential but very little work experience, and your patience and support can help them develop that potential and become a valuable asset to the department as they gain important work experience. Although you may be faced with imperfection, you should strive to guide your students towards better work habits and skills and compromise when necessary.

A Disciplinary Action Form, is required by the Financial Aid Planning Office for students who commit an infraction that requires disciplinary action. Supervisors may include other documentation deemed necessary.

Supervisors must inform the student and the Work Study Coordinator if a student has been terminated. The Work Study Coordinator may serve as a third party mediator only with the supervisor and student present.

General Responsibilities of Employer

If you supervise student workers at the University, you have the following specific responsibilities to:

1. Work with your student employee(s) to establish regular work schedules, making it clear that you expect them to follow these schedules.
2. Provide your student employee(s) with a clear, preferably written, statement of your departmental policies and of University policies and regulations.
3. Give students' academic progress priority by allowing flexibility in scheduling. You must require your work study students to give you adequate notice about planned absences or schedule changes. **Your Federal College Work Study and Anderson Work Study employees are students first and employees second and must conform to class schedule changes.**
4. Verify the accuracy of your students' time sheets before signing them. The person who signs as supervisor confirms the hours worked as they appear on the time sheet. **Time sheets become official records open to audit by the federal government, and supervisors are accountable for the accuracy of the records.**
5. Ensure that students are not offered or given fringe benefits in addition to their hourly wages.
6. **Make sure Federal Work Study and Anderson Work Study students do NOT work during scheduled class hours. No exceptions are to be made. Example: If a class is cancelled, they still CANNOT work during that time. Students will be terminated if they work during a scheduled class time and the supervisor will lose that position for the remainder of the year.**
7. Be sure your student employees do not earn more than the total annual award. Both you and your students should keep a cumulative record of their hours worked and dollars earned.
8. Be sure that your students are enrolled at least half-time. Half-time for Undergraduate is 6 credit hours per term.
9. Ensure that all work study students earn the full amount of their work scholarship. (If you do not have work for your work study student(s) when they are scheduled to work, then offer their assistance to another supervisor. The term "work study" may be a little misleading, but students are not paid to study.)
10. Evaluate the student employee's performance over the previous term of work. Student employment is a learning experience and the student would appreciate some feedback on how they are doing in their job.
11. Submit completed work study paperwork to the Financial Aid Office three business days prior to the student's first date of work.
12. Submit timesheets to the Financial Aid Office by the deadline given in the Work Study Pay Schedule.

Processing Paperwork

Completed paperwork must be submitted to the Financial Aid Office, three business days prior to the student's first date of work.

Highlighted fields on the below example forms must be completed before submitting them to the Financial Aid Office.

Work Voucher

EXAMPLE:

Example



Anderson University 2011-2012

Work Voucher

Student's Name : Rachael Howard ID #: 55555

TO BE COMPLETED BY FINANCIAL AID:

Annual Work Study Amount: 2,000 Estimated Hrs per week: 9

Federal Work Study Program (5007) AU Work Study Program (5008)

The above named student has been given permission by the Work Study Coordinator to work on the Anderson University campus and will be employed through the approved work program.

Financial Aid Signature: Rachael Howard

TO BE COMPLETED BY HIRING SUPERVISOR:

Pay Rate: _____ Start Date: _____

Department Account: _____

Supervisor's Name (Print): _____

Supervisor's Signature: _____

Date: _____

Minimum wage = \$7.25

List all supervisors that will be signing off on the student's timesheet.

SUPERVISOR, PLEASE MAKE SURE THE FOLLOWING ITEMS ARE ATTACHED:

Completed paperwork must be submitted to the Financial Aid Office three days prior to the student's start date.

- Work Agreement
- Confidentiality Statement
- W-4 Form
- I-9 Form
- Direct Deposit

Completed by Financial Aid Office

Completed by the supervisor

Work Agreement

Example:

decrease the magnification of the entire page

Student Work Agreement Anderson University 2011-2012

RH IT IS AGREED in the event the student does not perform satisfactory work, he/she is to be counseled by the supervisor and given a second chance with a written notice sent to the student and the Financial Aid Planning Office. If the student's work does not improve, the supervisor has the authority to terminate the student and a Disciplinary Action Form will be placed in the student's file.

RH IT IS AGREED that the student will not work during scheduled class time. Doing so will result in the loss of the student's position for the semester.

RH IT IS AGREED the student will submit a timesheet on a monthly basis to their Supervisor by the date indicated on the work study pay schedule contained in the Work Study Manual.

RH IT IS AGREED that times calculated on the timesheet will be rounded to the nearest quarter hour, list PM or AM next to the time, and will not have any errors (markings, scratches, write-overs, etc.). The supervisor and student working together will be responsible for keeping an accurate record of the hours the student has worked each month.

RH IT IS UNDERSTOOD by the student that, because of strict regulations, Federal W-4 and I-9 forms must be on file before beginning work.

RH IT IS AGREED that continued employment is contingent upon the student maintaining Satisfactory Academic Progress (SAP). (See SAP in the current college catalog.)

RH IS AGREED that the student will dress in a professional manner while at work (NO skin showing in the midriff area, skirts, shorts should be a reasonable length). If you have any questions discuss with your supervisor.

RH IT IS AGREED AND UNDERSTOOD that the student and supervisor have read the rules and regulations contained in the Student Employee Manual.

RH I certify that I have attended the required work study and harassment training for the 2011-2012 academic year.

RH I understand the policies for the work study program and the procedures to follow in order to receive my check on a monthly basis.

RH I understand that I will be paid by Direct Deposit and must have a Direct Deposit form and voided check on file in the payroll department.

RH I certify that I have not been adjudicated delinquent or been convicted or pled guilty or non contender to any felonies or any alcohol or drug related offenses under the laws of this or any other state or under the laws of the United States. I agree to notify the Financial Aid Planning Office should this status change.

I am a US Citizen I am NOT a US Citizen Country of Residence USA

I promise that the information herein is true and complete to the best of my knowledge. I hereby understand that my employment relationship is an "at will" nature, which means that I can resign at any time or I can be released at any time for any reason.

Student's Name (Please Print):
Rachael Howard

Student's Signature:
Rachael Howard

Supervisor's Name (Please Print):
Rebekah Burdick

Supervisor's Signature:

Department: Financial Aid

Date: 8/5/2011

Student's Job Title: Student worker

FAO Return Date: _____

I understand that the following information is disclosed on a voluntary basis.

Gender: Ethnicity:
___ Male ___ White/Non-Hispanic ___ Black/African-American ___ Unknown
___ Female ___ American Indian/Alaskan ___ Asian/Pacific Highlander ___ Hispanic ___ Non-Resident Alien

Completed by the student

Completed by the supervisor

Statement of Confidentiality

Example:

Decrease the magnification of the entire page

Example

STATEMENT OF CONFIDENTIALITY

**ANDERSON UNIVERSITY WORK STUDY PROGRAM
2011-2012**

THIS STATEMENT WILL BE KEPT IN YOUR FINANCIAL AID PLANNING WORK STUDY FILE.

STUDENT'S NAME: Rachael Howard

STUDENT ID #: 55555 PHONE NUMBER: 555-555-5555

ADDRESS: 55 Happy Trail, Anderson, SC 29621

DEPARTMENT: Financial Aid

SUPERVISOR'S NAME: Rebekah Burdick

IN MY ACCEPTANCE OF EMPLOYMENT WITH ANDERSON UNIVERSITY:

I UNDERSTAND THAT BY THE VIRTUE OF MY EMPLOYMENT WITH ANDERSON UNIVERSITY, I MAY HAVE ACCESS TO RECORDS WHICH CONTAIN INDIVIDUALLY IDENTIFIABLE INFORMATION, THE DISCLOSURE OF WHICH IS PROHIBITED BY THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974. I ACKNOWLEDGE THAT I FULLY UNDERSTAND THAT THE INTENTIONAL DISCLOSURE BY ME OF THE INFORMATION TO ANY UNAUTHORIZED PERSON COULD SUBJECT ME TO CRIMINAL AND CIVIL PENALTIES IMPOSED BY LAW. I FURTHER ACKNOWLEDGE THAT SUCH WILLFUL OR UNAUTHORIZED DISCLOSURE ALSO VIOLATES ANDERSON UNIVERSITY'S POLICY AND COULD CONSTITUTE JUST CAUSE FOR DISCIPLINARY ACTION INCLUDING TERMINATION OF MY EMPLOYMENT REGARDLESS OF WHETHER CRIMINAL OR CIVIL PENALTIES ARE IMPOSED.

Rachael Howard
EMPLOYEE SIGNATURE

8/5/2011
DATE

SUPERVISOR'S SIGNATURE

DATE

Completed by the student

Complete by the supervisor

Form I-9 (Employment Eligibility Verification Form)

An I-9 form must be completed by the student and certified by the student's supervisor. This form is used to verify an employee's identity and eligibility to work in the United States. The student completes and signs Section 1 (top portion) and must provide the proper identification (i.e., passport, driver's license, social security card, and/or birth certificate, etc.) Documentation must be originals and cannot be copies. This form must be submitted before the student can begin working.

Example:

Example

OMB No. 1615-0047; Expires 08/31/12
Form I-9, Employment Eligibility Verification

Department of Homeland Security
 U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Howard	First Rachael	Middle Initial A	Maiden Name
Address (Street Name and Number) 55 Happy Trail		Apt. #	Date of Birth (month/day/year) 5/5/2012
City Anderson	State SC	Zip Code 29621	Social Security # 555-55-5555

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature **Rachael Howard** Date (month/day/year) **8/5/2011**

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title				
Issuing authority				
Document #				
Expiration Date (if any):				
Document #				
Expiration Date (if any):				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Supervisor's Name	Print Name Supervisor's Name	Title Work Study Supervisor
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Anderson University 316 Boulevard Anderson, SC 29621		Date (month/day/year) 8/5/2011

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

Completed by the student

Completed by the supervisor

Student must provide original documentation and the supervisor must make copies and attach them to the paperwork.

2011 W-4 Certificate

The W-4 certificate (Employee's Withholding Allowance Certificate) is used to designate the appropriate income tax withholding status for employees. This determines the amount of tax withheld from your paycheck. Students must complete a W-4 certificate (federal and state). All student W-4 certificates are kept on file in the Business Office. To make changes or corrections, students should go to the Business Office and see Sandy James.

When the student is completing their W-4 certificate be sure they use a permanent (home/parental) address to which their W-2 form (Annual Wage Earnings Statement) may be mailed at the end of the calendar year.

When completing their W-4 certificate, they have two choices concerning their preferred withholding status: 1) to claim EXEMPT (no money will be withheld); or 2) to claim ZERO (0), ONE (1), or more exemptions. If they claim ZERO (0), ONE (1), or more exemptions, the Internal Revenue Service (IRS) will withhold a portion of their earnings. **Do NOT tell or suggest to the student what to report on their W-4.**

Example:

decrease the magnification of the entire page

Example

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F _____

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children G _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

W-4 Employee's Withholding Allowance Certificate OMB No. 1545-2159

Department of the Treasury Internal Revenue Service 2011

1 Type or print your first name and middle initial Last name
 Rachael A Howard

2 Your social security number
 555-55-5555

3 Single Married Married, but withheld at higher Single rate.
 Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

4 If your list name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ►

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)
 6 Additional amount, if any, you want withheld from each paycheck
 7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here. ► 7

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) ► Rachael Howard Date ► 8/5/2011

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 102200 Form W-4 (2011)

Complete by the student

Direct Deposit Form

Students are paid once a month through Direct Deposit into their checking and/or savings account. All students must have a direct deposit form on file in the Business Office before they can receive a pay check. A VOIDED check or letter from their bank must be attached to the Direct Deposit form.

Example:

Increase the magnification of the entire page

Example

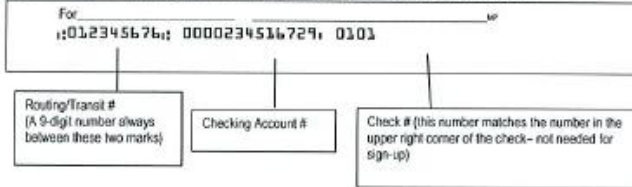


EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

How to Enroll...

To sign up for Full Service Direct Deposit, simply fill out this form and give it to your payroll department. Attach a "VOIDED" check for each checking account - **not a deposit slip**. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that your deposits are credited correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



Important! Please read and sign before completing and submitting.

I hereby authorize Anderson University to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Anderson University to my account. In the event that Anderson University deposits funds erroneously into my account, I authorize Anderson University to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Anderson University and Bank have received written notice from me of its termination in such time and in such manner as to afford Anderson University and Bank reasonable opportunity to act on it.

Employee Name: Rachael Howard Social Security #: 555-55-5555
 Employee Signature: Rachael Howard Date: 8/5/2011

Completed by the student

Account Information

Make sure to indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck.

- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit _____ or Entire Net Amount
- Bank Name/City/State: _____
 Routing/Transit #: _____ Account Number: _____
 Checking Savings I wish to deposit _____ or Entire Net Amount

Employee ID: _____ Payroll Manager Signature: _____

Employers must keep each original employee enrollment form on file as long as the employee is using FSDO, and for two years thereafter.

Timesheet Processing

Time sheets are due in the Financial Aid Office (Rice Building) by 5:00 pm according to the date on the Work Study Pay Schedule.

Helpful tip: Since the supervisor is responsible for submitting all the student timesheets to the Financial Aid Office by the deadline, supervisors may want to require that students have their timesheets turned in by 5pm on the day before timesheets are due to the Financial Aid Office.

NO Scratches/white out/mark outs/ or any other related markings are allowed.

The time calculated must be rounded to the nearest quarter time (i.e. 9:00, 9:15, 9:30, 9:45, 10:00 NOT 9:05, 9:11, 9:23, 9:25, etc.)

Supervisors can NEVER fill out timesheets!

The supervisor's signature on the timesheet signifies that the student did work the hours listed, the hours totaled on the timesheet are correct, and the student did NOT work during a scheduled class.

Supervisors are required to verify that their student workers did not work during a scheduled class time. In order to do this, compare their timesheets to their class schedules once the student submits their timesheet to you. Do NOT sign their timesheet if it is incorrect.

Work Study Pay Schedule

<u>Hours worked in:</u>	<u>Timesheets Due:</u>	<u>Pay check date:</u>
August	September 1 st	September 15 th
September	October 3 rd	October 15 th
October	November 1 st	November 15 th
November	December 1 st	December 15 th
December	TBD	January 15 th
January	February 1 st	February 15 th
February	March 1 st	March 15 th
March	April 2 nd	April 15 th
April	May 1 st	May 15 th
May	June 1 st	June 15 th
June	July 2 nd	July 15 th

Example of student's class schedule:

Self-Service - Student Schedule
Page 1 of 1

Cart Help Log Out Catalog Search

Home Register Classes Finances Grades Search My Profile

Schedule Permission Requests

Student Schedule
 Options
 Text | Grid
 Period
 2010/Fall
 Courses in Cart
 Waitlisted Courses
 Con Ed Courses

Student Schedule

Traditional 2010/Fall/Semester

Registered Courses

CEP 100/Lecture/A - Cultural Experience Program	Duration 8/18/2010 - 12/1/2010	
Credits 0.00 Type Letter Grade		CEUs 0.00
Schedule To Be Announced 12:00 AM - 12:30 AM; Anderson University, , Room		
Instructors Staff TBA		
EDS 436/Lecture/A - Proc/Teach/Individuals w/LD	Duration 8/18/2010 - 12/1/2010	
Credits 3.00 Type Letter Grade		CEUs 0.00
Schedule Tues Thurs 12:30 PM - 1:45 PM ; Anderson University, Johnston Memorial, Room 206		
Instructors Dr. Linda K. McCuen		
EDU 322/Lecture/A - Literature for Children	Duration 8/18/2010 - 12/1/2010	
Credits 3.00 Type Letter Grade		CEUs 0.00
Schedule Mon Wed 2:30 PM - 3:45 PM ; Anderson University, Johnston Memorial, Room 206		
Instructors Ms. Lynette H. Pannell		
EDU 330/Lecture/A - Visual & Performing Arts for Clism Tcher	Duration 8/18/2010 - 12/1/2010	
Credits 3.00 Type Letter Grade		CEUs 0.00
Schedule Mon Wed 4:00 PM - 5:15 PM ; Anderson University, Johnston Memorial, Room 200		
Instructors Mrs. Maricary K Hansen		
EDU 336/Lecture/A - M/M Teaching Math	Duration 8/18/2010 - 12/1/2010	
Credits 3.00 Type Letter Grade		CEUs 0.00
Schedule Tuesday 6:00 PM - 8:30 PM ; Anderson University, Johnston Memorial, Room 200		
Instructors Ms. Cassandra C. Gary		
EDU 440/Lecture/A - Methods & Materials Teaching Beg Reading	Duration 8/18/2010 - 12/1/2010	
Credits 3.00 Type Letter Grade		CEUs 0.00
Schedule Mon Wed Fri 9:00 AM - 9:30 AM ; Anderson University, Johnston Memorial, Room 216		
Instructors Dr. Margaret E. Walworth		
JP 100/Lecture/A - Journey Program	Duration 8/18/2010 - 12/1/2010	
Credits 0.00 Type Letter Grade		CEUs 0.00
Schedule To Be Announced 12:00 AM - 12:30 AM; Anderson University, , Room		
Instructors Staff TBA		
PSY 102/Lecture/A - Pathways in Psychology	Duration 8/18/2010 - 12/1/2010	
Credits 2.00 Type Letter Grade		CEUs 0.00
Schedule Mon Wed Fri 11:30 AM - 12:20 PM ; Anderson University, Watkins Teaching Center, Room 002		
Instructors Dr. David F. Reinhart , Dr. Sarah C. Burns		
Total Registered Courses 8		Total Registered Credits 17.00
		Total Registered CEUs 0.00
Academic Information for 2010/Fall		
Program/Degree/Curriculum Undergraduate /Bachelor of Science/Elem Ed w/Spec Ed LD		
Advisor Dr. Linda K. McCuen	Class Level Senior	Full/Part Time Full Time
Program/Degree/Curriculum Undergraduate /Minor/Psychology		
Advisor	Class Level Senior	Full/Part Time Full Time
PowerCAMPUS® Self-Service 7.21 - © 2005 - 2009 SunGard. All rights reserved.		

Helpful Tip: Highlight Tuesday/Thursday classes one color and Monday/Wednesday/Friday classes another color.

<https://trojansweb.andersonuniversity.edu/selfservice/Records/ClassSchedule.aspx> 9/30/2010

Example of timesheet:



STUDENT TIMESHEET

PAY PERIOD

AUGUST 1 - 31, 2011

Student's ID

Student's Name (PRINT)

Student's Signature

Date

Department Account #

0.00
Hours Worked

For Financial Aid
use only

AUWS (5000)

FWS (5007)

DATE	DAY	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS WORKED
8/01/11	SUN					0.00
8/01/11	MON					0.00
8/02/11	TUE					0.00
8/03/11	WED					0.00
8/04/11	THU					0.00
8/05/11	FRI					0.00
8/06/11	SAT					0.00
TOTAL WEEK 1						0.00
8/07/11	SUN					0.00
8/08/11	MON					0.00
8/09/11	TUE					0.00
8/10/11	WED					0.00
8/11/11	THU					0.00
8/12/11	FRI					0.00
8/13/11	SAT					0.00
TOTAL WEEK 2						0.00
8/14/11	SUN					0.00
8/15/11	MON					0.00
8/16/11	TUE					0.00
8/17/11	WED					0.00
8/18/11	THU					0.00
8/19/11	FRI					0.00
8/20/11	SAT					0.00
TOTAL WEEK 3						0.00
8/21/11	SUN					0.00
8/22/11	MON					0.00
8/23/11	TUE					0.00
8/24/11	WED					0.00
8/25/11	THU					0.00
8/26/11	FRI					0.00
8/27/11	SAT					0.00
TOTAL WEEK 4						0.00
8/28/11	SUN					0.00
8/29/11	MON					0.00
8/30/11	TUE					0.00
8/31/11	WED					0.00
8/31/11	THU					0.00
8/31/11	FRI					0.00
8/31/11	SAT					0.00
TOTAL WEEK 5						0.00
PAY PERIOD TOTAL						0.00

I have reviewed and verified the accuracy of this timesheet, which includes confirming that the student did not work during a scheduled class time.

Supervisor's Name (PRINT)

Supervisor's Signature

Date

Student Training

The Financial Aid Office will provide general work study training 2 days in the fall and 2 days in the spring, 2 sessions per day.

If a supervisor hires a student that did not attend one of the offered training sessions, the supervisor will be responsible for training the student. Please use the below links for the materials you will need to use in the training session.

[2011-2012 Student Training PowerPoint presentation](#)

[Training Agreement](#)

[2011-2012 Student Employee Handbook](#)

[Timesheet Instructions](#)

Once the student has gone through training, the Training Agreement form must be turned into the Financial Aid Office.