

Work Study Training Agreement

Anderson University 2011-2012

To be initialed by student upon instruction of each item:

___ Training has been completed between the Supervisor and Student worker.

___ 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.

___ The processing of timesheets was reviewed with the student.

___ IT IS UNDERSTOOD by the student and supervisor that, because of strict regulations, Federal @-4 and I-9 forms must be on file before beginning work. All paperwork must be received 3 days prior to the student's first day of work.

___ If any paperwork is submitted to the Financial Aid Office incomplete, paperwork will be sent back to the Supervisor for corrections. This will delay the student's start date, and may delay the student's paycheck for the next pay period.

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

I promise that the information herein is true and complete to the best of my knowledge.

Student's Name (Please Print):

Student's Signature:

Supervisor's Name (Please Print):

Supervisor's Signature:

Department: _____

Date: _____

Job Title: _____