

**OCEAN COUNTY COLLEGE
OFFICE OF FINANCIAL AID
2009-2010
WORK-STUDY CONTRACT**

Work-study positions will be assigned through the Office of Financial Aid once all required paperwork is complete and eligibility has been established. *Students will not be permitted to work until completion of all required financial aid paperwork, FWS Orientation and a valid work-study contract.*

- _____ Your supervisor will provide you with a time sheet that must be kept up to date. You will be expected to sign in when you begin work and again when you leave. You will be paid on an hourly basis for each hour you work.
- _____ Falsifying a time sheet is fraudulent and no less a criminal act than any form of theft.
- _____ Your work schedule and class schedule may not conflict.
- _____ Your prompt arrival at work is required and you must remain in the designated area while on duty unless directed otherwise by your supervisor.
- _____ Advise your supervisor ahead of time if you must be unavoidably late or absent. Short breaks are allowed at the discretion of the supervisor.
- _____ Discourage visits from friends while working and avoid loud talking in work areas.
- _____ Do not use the telephone or the Internet in the work area for personal calls without the permission of your supervisor.
- _____ Be courteous and polite while performing duties assigned to you.
- _____ Consult your supervisor about proper attire in your work area.
- _____ You are expected to work 15-20 hours a week. You may not exceed 20 hours a week during the school term.
- _____ You may not exceed the awarded amount of \$4800 dollars for the year or \$2400 dollars for the semester.

I have read and understand the above information and agree to accept these standards while employed as a student worker by Ocean County College. I accept the work-study position offered to me and understand the terms as they are stated above.

Job Assignment/Dept: _____ **Supervisor** _____

Print Student Name: _____ **SS#:** _____

Student Signature: _____ **Date:** _____

Telephone Number: _____ **E-mail Address:** _____

Supervisor Signature: _____ **Date:** _____

This form when complete constitutes authorization for the department to employ and students to be employed with Federal and Institutional Work-Study Funds from September 2009 through May 2010. The department shall assign work, provide adequate supervision, schedule work hours, and keep accurate time records. Both department and student agree to accept responsibility for maintaining a schedule of work which will not be in excess of 15 hours a week during the academic year, when classes or exams are scheduled, and which will not exceed awarded aid and eligibility.