

**Northland College**  
**2022- 23 Student Work Study Agreement**  
**September 7, 2022 – May 26, 2023**

No student will be allowed to start work until this Student Work Study Agreement has been received along with I-9 documentation. If a student has no work study award amount, they will need to contact the Financial Aid Office to complete financial aid requirements. **Simply having this document does not guarantee the student's eligibility. Supervisors will be contacted via email when a student is eligible to begin working.**

**STUDENT SECTION:**

<b>Student Name (please print):</b> _____	<b>Student ID:</b> _____
<b>Work Study Award Amount \$</b> _____ (found on your mynorthland portal)	
<i>I agree to be a responsible employee of Northland College, bound by all rules and regulations set forth by the Student Employment Manual. I understand that any false information given on my timesheets will result in disciplinary action. I have received, read and understood the Student Employment Manual and will comply with the policies and procedures. I agree to maintain confidentiality of all information and understand that any disclosure of confidential information is grounds for immediate termination.</i>	
<b>Student Signature:</b> _____	<b>Date:</b> _____

**SUPERVISOR SECTION:**

<b>Hiring Supervisor for Student:</b> _____	
Department Head: _____	
Department: _____	Student Position: _____
Wage rate/hour (\$9.00 minimum): \$ _____ (Wage other than \$9.00 requires approval)	
<i>I agree to oversee the duties performed by this student while making sure she/he adheres to the rules and regulations set forth by the Federal Government and Northland College regarding the Student Employment Program. I have received, read and understood the policies and procedures set forth in the Student Employment Manual.</i>	
<b>Student Supervisor Signature:</b> _____	<b>Date:</b> _____
<b>Department Head Signature:</b> _____	<b>Date:</b> _____

**FINANCIAL AID OFFICE SECTION:**

Rate of Pay: _____ \$9.00 per hour _____ \$ _____ per hour approved by _____		
Payroll Forms Completed:	Department Code: _____	NWA _____
_____ I-9	Approved On: _____	FWS _____
	Supervisor Notified: _____	
	Supervisor ID: _____	