Northland College
1411 Ellis Avenue
Ashland, WI 54806

*Off-Campus Employer Address (If applicable)

_____

_____

2023- 24 Student Work Study Agreement
September 6, 2023 – May 24, 2024

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. <u>Simply having this document does not guarantee the student's eligibility</u>. <mark>Supervisors will be contacted via email when a student is eligible to begin working.</mark>

STUDENT SECTION:

Student Name (*please print*)**:**_____**Student ID:** _____

Work Study Award Amount $_____ (found on your mynorthland portal)

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.

Student Signature: _____ **Date:** _____

SUPERVISOR SECTION:

Hiring Supervisor Name: _____

On-Campus Department Head / On-Campus Liaison:_____

On-Campus Department / Off-Campus Employer Department: _____

Wage rate/hour ($*9.00 minimum*): $_____ *(Wage other than $9.00 requires approval)*

Job Title:_____

Location duties will be performed: _____

<mark>*(If work location is off-campus, please provide address in the space at the top of this form)</mark>

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.

Supervisor Signature: _____ **Date:** _____

FINANCIAL AID OFFICE SECTION:

<u>Rate of Pay</u>: _____ $9.00 per hour   _____ $_____ per hour approved by _____

<u>Payroll Forms Completed</u>:   Department Code: _____   NWA _____

_____ I-9   Approved On: _____   FWS _____

                Supervisor Notified: _____

                Supervisor ID: _____