

Northland College

1411 Ellis Avenue
Ashland, WI 54806

*Off-Campus Employer Address (If Applicable)

2024- 25 Student Work Study Agreement

September 4, 2024 — May 23, 2025

No student will be allowed to start work until this Student Work Study Agreement has been received along with 1-9 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. Students and their supervisors will be contacted via email when a student is eligible to begin working.**

STUDENT SECTION:

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

Annual Work Study Award Amount \$ _____ (found on your my.northland.edu 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: _____ **Supervisor Employee ID:** _____

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

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

Wage rate/hour (\$10.00 minimum): \$ _____ (Wage other than \$10.00 requires approval)

Job Title: _____

Location duties will be performed: _____

**(If work location is off campus, please provide address in the space at the top of this form.)*

I agree to oversee the duties performed by this student while making sure they adhere 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:

Rate of Pay: _____ \$10.00/hour or \$ _____ per hour approved by: _____

Cost Center Number: _____ **FWS:** _____ or **NWA:** _____

Financial Aid Signature: _____ **Date:** _____

PAYROLL OFFICE SECTION:

Payroll Forms Completed: I9: ____ **Date Completed:** _____

W-4: ____ **Date Completed:** _____ **WT4:** ____ **Date Completed:** _____

Direct Deposit: ____ **Date Completed:** _____ **Position Start Date:** _____

Supervisor Notified Date: _____

Payroll Office Signature: _____ **Date:** _____