

Federal Work Study

By signing this agreement accepting employment as stipulated below, I agree to:

1. Adhere to the policies and procedures as set forth in the Student Employment Handbook which is located on the Lincoln website at <http://www.lincoln.edu/financialaid/studentemployment.html>.
2. Abide by the policies and procedures of the department where I am assigned.
3. Work the hours mutually agreed upon between my Supervisor and me (not to exceed the maximum amount of hours allowed).
4. Inform my Supervisor and the Office of Student Employment if I decide to voluntarily terminate my contract in the department I am placed.
5. Clock in each time I report to work and clock out each time I leave on a daily basis. I understand that remaining on the time clock when I am not at work is immediate grounds for termination from the Federal Work Study Program.

I understand the following:

1. That I will not be compensated under the Federal Work Study Program for any hours worked over the weekly maximum nor will I be paid for any overtime, sick leave, vacation, school holiday, or hours conflicting with my class schedule.
2. That Federal Work Study is provided to assist me with my educational expenses, and that the first priority from my earnings will be to pay the institution any balance that is due on my account.
3. That if I am involuntarily terminated from two (2) positions/departments, I will be placed on suspension from the Federal Work Study Program until the next academic year.
4. That falsification of hours worked, misrepresentation of hours worked, and/or forgery of my Supervisor's signature is a federal offense and shall be immediate grounds for termination from the Federal Work Study Program and disciplinary action from the Dean of Students and Campus Life.
5. That this contract may be revoked by my Supervisor, or an Administrator from the Office of Student Employment if:
 - A. I fail to abide by guidelines set forth in this contract or the Student Employment Handbook.
 - B. The funds are insufficient to continue operation of the program.
 - C. I further understand that the institution cannot be held liable for the revocation of this contract.
 - D. The Office of Financial Aid or the Office of Student Employment determines that I am ineligible for continued employment.

Student's Name: _____

Student's Signature: _____

Date: _____

