



STUDENT FINANCIAL SERVICES

"Where we place the STUDENT first!"

Work-Study Rules of Agreement

Place your initials to the left of each statement after it is read

- _____ 1. I understand that I can only work a maximum of 20 hours a week. No exceptions.
- _____ 2. I understand that I cannot work during scheduled class hours. If a class is cancelled, I cannot report to work. If I decide to report to work, I understand that I will not be paid for those hours.
- _____ 3. I understand that I must notify the Office of Student Financial Services no later than **October 1st** if I plan to participate in the Federal Work-Study Program. If I do not notify this office by the above date, my award will be removed from my account.
- _____ 4. I may request a transfer to another department only if the current supervisor approves my request in writing. All approvals must be submitted to Student Financial Services where additional paperwork must be completed for the new hiring department.
- _____ 5. I understand that if I cannot report to work, I will give my supervisor proper notice of my absence *before* I am scheduled to work. I understand that a no-call/no show is unacceptable and can lead to the termination of my employment.
- _____ 6. I understand that I will only be paid for my actual time worked. If it has been determined that I have been dishonest in the hours recorded on my timesheet, this will lead to my immediate termination, prosecution and repayment of all work-study funds owed by me.
- _____ 7. I understand that if I am terminated for any reason, I will not be reassigned to another department and will lose all remaining work-study eligibility for the current academic year.

"Paper" checks will no longer be issued. All Federal work-study employees must sign up for Direct Deposit or the MyUAPB Card.

Check one: **Direct Deposit** or **MyUAPB Card**

You must complete additional paperwork to sign up for any electronic payment selected. Once completed, all payment forms must be submitted to the Payroll Office (Admin Bldg. 204) in order to receive your paycheck

I have fully read and understand the above rules of the UAPB Student Employee Work-Study Program and agree to its terms and policies.

_____ ID: _____
Print Name

_____ Date: _____
Signature

