



College Work-Study Program Contract

Please read carefully and initial each of the following statements:

- _____ I understand TSC is a Drug-Free Workplace.
- _____ I understand the CWS position for which I am being hired is temporary and that I may or may not be continued beyond my original award period.
- _____ I acknowledge I will not work during my established class time since this violates the purpose of the work-study program.
- _____ I understand I **must enroll** for at least six credits during the long semester (at least one credit per summer session) and maintain the minimum status for the duration of my employment.
- _____ I understand I **must maintain Satisfactory Academic Progress** to maintain eligibility for CWS, as well as other financial aid programs.
- _____ I understand I can hold only one position at TSC at a time, including non-Work-study positions. No transfers during a payment period are permitted.
- _____ As a work-study, I am not permitted to release or request any type of confidential information, unless authorized by my supervisor. Strict ethical conduct is required. Violations of this standard will result in immediate termination of employment.
- _____ I acknowledge breaks are at the discretion of my supervisor and must be cleared before taken. At no time, will I leave my duties unattended.
- _____ I understand that **I must follow TSC Policies and Procedures Dress Code.**
- _____ I understand **I am not allow to work more than 15 hours per week.** I am responsible for maintaining an accurate record of hours worked and submitting my time card to Payroll by the designated date and time.
- _____ Under no circumstance will I volunteer my time with the department/agency I am contracted with.
- _____ I understand my employment as a student employee is to be taken seriously. My responsibilities are critical to the success and image of Texas Southmost College.
- _____ I understand I am not allowed to socialize/visit during my work schedule.
- _____ I understand insubordination, frequent absenteeism, tardiness, and poor performance will not be tolerated and will result in my termination. **If I am unable to fulfill my duties due to illness or should an extenuating circumstance arise, which will result in my tardiness, I will call my supervisor and advice him/her of my situation.**

By signing below, I acknowledge that I have read and understand the College Work-Study Program Contract

Student's Name (print)

TSC ID #

Student's Signature

Date

Supervisor's Signature

Date

Note to Supervisor: Please make a copy of this contract for your records and provide a copy to the student employee. Attach the original to the CWS Referral form and return it to the TSC Financial Aid Office immediately.