

**Saint Olaf College
Work Authorization Form
2008-2009**

(Print Legibly)

Student Name: _____

Student ID Number: _____ Start Date: _____

Total Work Award (If Known): \$ _____ End Date: _____

If this position is temporary, check mark here: _____ (Academic Year: 9-3-08 to 5-20-09)

Federal regulations require that each student must complete an I-9 Form and a W-4 Form prior to the first day of employment at St. Olaf. If the student has worked at St. Olaf and has completed these forms in the past, they are usually not required again. Supervisors and student workers must also complete a work authorization form for each job and submit it to the Financial Aid Office 1 week prior to the first day of employment.

To be completed by the Supervisor:

Job Title/Description: _____

Dept Name: _____ Dept. Account Number: 010-_____

Supervisor (print): _____ Hourly Rate (See # 7): _____

1. Your work award amount represents the maximum amount you are authorized to earn during the academic year. You are responsible for scheduling the correct number of hours to work in order to meet, but not exceed, your work award limit. You can refer to the table in the online Student Work Handbook for assistance. <http://www.stolaf.edu/services/financialaid/studentworkhandbook.htm> Also listed in the Student Work Handbook are the Student work policies. Failure to follow student employment policies may result in dismissal from your job.
2. Timesheets must reflect the dates, times, and total hours worked, be signed by the student and the supervisor, and be submitted to the Payroll Office by the due date. Late time cards will be processed for payment in the subsequent payroll. Incomplete timesheets will be returned to the supervisor. No payment of student work earnings will be made in advance of the published pay schedule.
3. This assignment and agreement covers all examination periods, including final exams.
4. If you must be absent from work you should: a) notify your supervisor as far in advance as possible, and b) if required by your supervisor, arrange a substitute for your shift.
5. Students who choose to terminate their employment should give two weeks notice to their supervisors. The college assumes no obligation to reassign students who have chosen to terminate their employment.
6. Your work performance may be evaluated by your supervisor and can become a part of your permanent student work file.
7. The hourly rate for first-year students and sophomores is \$7.40 and for juniors and seniors is \$7.65.
8. **Confidentiality Agreement:** As an employee of St. Olaf College, I understand that I may have access to St. Olaf's Confidential Information. I agree as a condition of my employment not to disclose Confidential Information to students or to anyone who is not affiliated with St. Olaf College unless directed to do so by my supervisor. I further agree that I may share Confidential Information with other St. Olaf employees only if they need to know the information to do their jobs, and I have been directed by my supervisor to share the Confidential Information. I understand that "Confidential Information" includes all information St. Olaf desires to keep confidential, including for example, office conversations, information relating to finances, personnel, management, students, donors, and development plans. I understand that a breach of this Agreement will subject me to disciplinary action, up to and including dismissal from employment. In addition to understanding the need for overall confidentiality as an employee, each employee should be aware of FERPA – Family Educational Rights and Privacy Act. This federal law provides for the privacy of the education records of students while they are enrolled at St. Olaf and after they graduate or leave St. Olaf. Please familiarize yourself with the law by visiting the Registrar's office website on FERPA: <http://www.stolaf.edu/offices/registrar/ferpa.html>

I have read this Contract and the Student Work Handbook, <http://www.stolaf.edu/services/financialaid/studentworkhandbook.htm> and I accept the student employment under the terms stated.

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Financial Aid Office Use: I-9 _____ W-4 _____ Wk Awd _____ Job Code _____ # of Jobs _____ Lawson _____