

Saint Olaf College
Work Authorization Form
2004-2005

Student Name: _____ Student ID Number: _____

Student Work Award Amount: _____ Start Date: _____

If this position is temporary, check here and include end date: _____ End Date: _____

Please complete this form with your supervisor, when you have secured a job, and return it to the Financial Aid Office. It is *your* responsibility to schedule the correct number of hours to earn, but not exceed, your student work award.

To be completed by supervisor:

Job Title/Description: _____

Dept./Area: _____ Dept. Account Number: _____

Supervisor: _____ Hourly Rate(See item 8): _____

1. The student work award amount above represents the maximum amount you are authorized to earn during the academic year. Unless special arrangements are approved by the Director of Financial Aid or the Student Work Coordinator, your student work earnings are not allowed to exceed your work award.
2. Timesheets must reflect the dates, time, and total hours worked, be signed by you and your supervisor and be in 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 your 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, 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 must give two weeks notice to both their supervisor and the Student Work Office. The college assumes no obligation to reassign students who have chosen to terminate their employment.
6. Failure to follow student employment policies may result in dismissal from your job.
7. Your work performance may be evaluated by your supervisor and written evaluations can become a part of your permanent student work file.
8. The hourly rate for first-year students and sophomores is \$7.15 and for juniors and seniors is \$7.40. If a student was paid a higher rate in 2003-2004 than these listed rates, he/she may be paid the higher rate for that job in 2004-2005.

My signature below certifies that I do not have court-ordered child support obligations which are required by law to be withheld from income.

I have read this Student Work Contract and the Student Work Manual and accept student employment under the terms stated.

Student signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Federal regulations require that an I-9 form be completed prior to the first day of employment and that this Work Authorization Form be signed by your supervisor and returned to the Financial Aid Office prior to beginning employment.

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

YOU MUST ALSO COMPLETE THE CONFIDENTIALITY AGREEMENT ON THE REVERSE SIDE OF THIS FORM.



Office of Financial Aid

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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 Confidential 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.

Student Signature

Date

Supervisor Signature

Date