

**Saint Olaf College  
Summer Employment Agreement  
2004**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Please check the appropriate box:

Current St. Olaf student, returning for Fall 2004

Graduating St. Olaf student, May 2004

Non-St. Olaf student

Supervisors and student workers must complete this form and submit it to the Financial Aid Office prior to the first day of employment.

Job Title/Description: \_\_\_\_\_

\_\_\_\_\_

Dept./Area: \_\_\_\_\_ Dept. Account Number: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hourly Rate\*: \$8.00

1. The summer employment period is May 26 through September 8. Students are expected to work the entire summer employment period unless a shorter employment period is specified by the supervisor.
2. Summer student workers will be paid on the bi-weekly staff payroll. Timesheets must include the department number; reflect the dates, times, and total hours worked; be signed by student and supervisor; and be submitted to the Payroll Office by the due date. Late timesheets will be processed for payment in the subsequent payroll. Incomplete timesheets will be returned to the supervisor.
3. If a student will be absent from work, he/she must notify the supervisor as far in advance as possible.
4. Students who terminate their employment should give a 2-week notice to the supervisor.
5. Students may not work more than 40 hours per week during the summer.
6. Students may have more than one on-campus job during the summer, but may not work more than 40 total hours per week.

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 Agreement and accept student employment under the terms stated.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Federal regulations require that an I-9 Verification form and a W-4 form be completed within three days of the start of employment.***

Office Use: I-9 \_\_\_\_\_ W-4 \_\_\_\_\_ FA \_\_\_\_\_

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