

Summer Employment Agreement
2005

Student Name: _____ Student ID Number: _____

Please check the appropriate box:

Current St. Olaf student, returning for Fall 2005

Graduating St. Olaf student, May 2005

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 25 through September 7. 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.

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