



District Financial Aid Office
Wayne County Community College District
801 West Fort Street, Detroit, Michigan 48226

2014-2015 Work Study Agreement

Student Name _____ Student ID # _____
Address _____ City _____, MI Zip _____
Phone# _____

I understand and accept the following terms of my College Work-Study position:

- Your daily work hours should not exceed 7.5 hours and your weekly hours should not exceed 30 hours (**NO EXCEPTIONS**). If a timesheet is received with 8 hrs for a particular day, it will be changed to reflect 7.5 hours.
- If I work more than 4 hours, I am entitled to an unpaid ½ hour lunch.
- **Pay Rate:**

Student employee's (1 st year student)	\$ 8.50/hr
▪ Student employee's (2 nd year student)	\$ 9.00/hr
▪ Off Campus tutoring positions	\$11.00/hr
- I must come to work on time or call ahead of time if I will be late or unable to work.
- **NO CALL/NO SHOW ARE GROUNDS FOR TERMINATION!**
- **Falsifying my timesheet in any way will result in the termination of my work study funds and I will be terminated from the work study program permanently.**
- I must maintain at least 6 credit hours. If I drop below 6 credit hours, my employment will be terminated.
- I cannot work while my class is in session.
- Once I begin my assignment, there is no transferring to another supervisor within the same semester. I must stay at my current location until the next semester start then I am able to transfer to another location.



- Late, inappropriate dress/conduct and failing to call when not coming in during my scheduled work time are grounds for my termination. **Dress attire is business casual (NO BLUE JEANS, GYM SHOES OR HATS).**
- Your college work study award (Example: \$2000) is the amount that you have to earn. It is the students responsibility to monitor their earnings. The student must stop working when they see that they are close to earning their award amount.
- **THE LAST DAY OF CLASS for that particular semester is THE LAST DAY TO WORK unless you have been terminated prior to the last day of class.**
- I must sign in and out everyday to be paid for my time worked. **Falsifying the time you arrived to work or when you left work will result in the termination of your work study funds and you will be terminated from the work study program permanently.**
- I understand that if I do not turn in my timesheet on the specified day and time, I may not receive a paycheck. For those students who work **off-campus**; **all** timesheets for the off-site locations should be faxed to our office no later than 5:00 p.m. every other Thursday to 313-962-0324. Further, an electronic timesheet confirmation should be sent via email to Mrs. Odegbami. **NO EXCEPTIONS! Off-campus timesheets will not be submitted until we receive an email and the original timesheet every other Thursday by 5:00 p.m.**

By signing this agreement I acknowledge my understanding and acceptance.

Student Signature _____ Date _____