

JOB ACCEPTANCE FORM – ACADEMIC YEAR – 2010-2011

TERM I _____ TERM II _____

STUDENT {Please Print}

AREA/DEPARTMENT
{As shown on position listing list}

I accept this position for _____ hours per week. Position: _____

YOUR SIGNATURE BELOW ATTESTS TO YOUR UNDERSTANDING OF THE FOLLOWING:

1. The undersigned supervisor has presented me with a Job Description outlining the responsibilities and requirements pertaining to this position.
2. I have arranged a work schedule with my supervisor designating the hours during which I am expected to perform my job, not to exceed 40 hours.
3. I am aware that I must notify my supervisor in advance when I cannot be available for my scheduled work time; and release for committed work time (for any but medical reasons) is subject to the discretion of my immediate supervisor.
4. I am aware that any problems should be brought to the attention of my supervisor (and if necessary to the attention of the Financial Aid Office).
5. I understand that if I do not adequately perform to the requirements of the position, I will be dismissed.
6. I understand that I may not work during scheduled class hours even if class has been canceled.

NOTE: WEEKLY TIMESHEETS MUST BE TURNED IN TO THE FIN. AID OFFICE IN A TIMELY MANNER, ESPECIALLY BEFORE SCHOOL BREAKS AND YEAR END. (see page 3 of Federal Work Study Handbook)

THIS JOB ACCEPTANCE FORM WILL NOT BE VALID UNLESS BOTH YOU AND YOUR SUPERVISOR SIGN BELOW.

STUDENT

SUPERVISOR

DATE

DATE

NOTE: This form must be turned in to Fin. Aid Office, BEFORE you can start work.