

WORK STUDY AGREEMENT

I understand that this work study is a work program and I am expected to perform assigned duties in a mature and responsible manner under the direction of my supervisor.

I understand that I will be terminated from my position if I do not perform my duties in a satisfactory manner, and that securing another job may not be possible.

I understand that I am eligible to earn a pre-determined amount for the school year as established by the financial aid office and I am responsible to not exceed that amount without approval from my supervisor.

I understand and agree that I will monitor the amount I have available to earn and communicate this information to my supervisor.

I understand that if I work fewer hours or accept a position that offers fewer hours, I may not earn the full amount of my work study opportunity.

I understand that if I am not available during the evenings and weekends, I may not be able to earn the full amount of my work opportunity.

I understand that I must keep the supervisor in my primary position aware of any additional hours I have worked in a second position.

I understand that any on-campus earnings I earn during the academic term may be counted toward my total work study earnings.

I understand that I am only able to earn work study during the academic term and absences, even if approved, may result in a reduction in the total amount I can earn in a given semester.

I understand that work study is awarded per semester and that if I fail to earn the full amount of my work study award in the fall, I will not be able to earn the difference in the spring.

I understand that I must complete employment paperwork prior to working and that I must meet all deadlines requirements or I forfeit my work study opportunity.

I understand that I am to regularly check my Drury email as important information about work study and student employment is communicated exclusively via email.

I understand that if I don't file a FASFA prior to April 1st each spring, I may not be considered for work study the following year.

I have read and understand this Work Study Agreement.

Student's Signature _____

Date _____

Print Student Name _____

ID _____