



2019-2020 Federal Work-Study Agreement

Student Name: _____ Student ID: _____

OCC E-mail Address: _____ @clasnet.sunyocc.edu

Student Phone Number: (_____) _____

2019-20 FWS Allocation: _____

Supervisor Name (Printed): _____

Department: _____

Student

By initialing below, I understand the following regarding the Federal-Work Study(FWS) Program:

_____ If I have never worked for the college before, my new employment paperwork (I-9 and relevant tax forms) must be on file with Human Resources **before** I will be paid under the Federal Work-Study Program.

_____ I may work up to 20 hours per week while classes are in session.

_____ I will be responsible, along with my work-study supervisor, to monitor my hours and earnings and not earn more than the total work-study allocation listed above.

_____ I must maintain Federal Satisfactory Academic Progress (SAP) in any given semester in order to continue my eligibility for work-study. I must stop working immediately upon notice of ineligibility for Federal financial aid.

_____ As an employee of the College, I am required to follow the Family Education Rights Privacy Act (FERPA) and must maintain complete confidentiality of all information handled as part of my work responsibilities.

Student Signature: _____ Date: _____

Supervisor

By initialing below, I understand the following regarding the Federal-Work Study (FWS) Program:

_____ I will be responsible, along with the student, to monitor the student's hours and earnings to ensure the total allocation listed above is not exceeded. Amounts earned beyond the allocation listed above will be charged to my departmental budget.

_____ I will provide the student with the appropriate training as it relates to their position, including expectations surrounding conduct, dress code, office procedures, etc.

Supervisor Signature: _____ Date: _____

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Once this agreement is signed by both the student and supervisor, send the completed agreement to James Proctor ([j.p.proctor@sunyocc.edu](mailto:j.p.proctor@sunyocc.edu)) in the Financial Aid Office for final approval. **STUDENTS CANNOT START WORKING UNTIL FINANCIAL AID HAS APPROVED THE AGREEMENT.**

Financial Aid Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_