## STUDENT EMPLOYMENT CONTRACT – Campus Dining – 2024-2025 Please return to the Human Resources Office in lower level of Zwemer Hall

| Student:   |                                   | Department:   |                                      |
|--|-----------------------------------|---|--------------------------------------|
| D Number:  | Supe                              | rvisor:   |                                      |
| Student Initials   |                                   |   |                                      |
| I have notified my suportion I agree to work no more   |                                   | other job(s) on campus.<br>/week between all my jobs on campus.   |                                      |
| PLEASE NOTE THE FOLLOWING P  1. I have completed I-9 and W-4 for campus until these forms are completed. | rms that are requ                 | uired in order to work on campus. I unden not the Human Resources Office.   | erstand I <u>may not</u> work on     |
| by the end of the month and that fin   | alizing my hours                  | rately. I understand it is my responsibility signifies that I have reviewed and approvaces account on or around the 10 <sup>th</sup> of the mo              | ve my hours. I understand payro      |
| my supervisor has the right to dismis  | ss me any time I d                | for my performance and dependability.<br>do not work up to the expectations. I undervisor at least a 1 week notice before qu                                | derstand that in the event I         |
|  | h a work schedule                 | vorking hours with my supervisor. It is me to my supervisor. I understand that I a cancelled.   |                                      |
|  | e in order to con                 | student first. I understand that if I have t<br>tinue working both jobs. If my GPA drop   |                                      |
| <ol> <li>If issued a key, I agree to keep it<br/>he contract.</li> </ol>                                 | secure. I will not                | loan it to others or duplicate it. Also, I a  | gree to return it at the end of      |
|  | f 1974 and other                  | ecords and administrative data confiden federal and state statutes. Additional in <a href="mailto:lemic/FERPA">lemic/FERPA</a> Information.jnz.             |                                      |
| I understand and agree to th   | e provisions sta                  | ated above and accept this job contr  | act.                                 |
| Student Signature  | Date                              |   |                                      |
| Supervisor Signature   | Date                              | Department Chairperson  | Date                                 |
| YOU BEGINNING WORK. This contra<br>WITHOUT A SIGNED CONTRACT, THI  | ct needs to be tu<br>S EMPLOYMENT | ULD BE REVIEWED WITH YOUR SUPERVIS<br>rned in to the Human Resources Office p<br>ASSIGNMENT WILL NOT BE HELD FOR YO<br>and send completed forms to the Huma | rior to you starting your job.<br>U. |
| FOR SUPERVISOR USE ONLY:   |                                   | Please complete the following regardin  | g SCHEDULE, HOURS & PAY:             |
| Check That FORMS Are Completed: All forms must be completed Defore a student starts working.             |                                   | This student will be working:  Full Academic Year  1 <sup>st</sup> Semester Only  2 <sup>nd</sup> Semester Only   |                                      |
| W-4 Federal Form Completed   |                                   |   |                                      |
| W-4 State Form Completed   |                                   | This student will be working approximat   | ely hours per week.                  |
| I-9 Form Completed   |                                   | Pay Rate is \$11.00/hour for all campus of (and approved by HR) please note the di  |                                      |
| Direct Deposit Form Completed  | ł                                 |   |                                      |