GRADUATE STUDENT EMPLOYMENT CONTRACT – 2024-2025

Please return to the Human Resources Office in lower level of Zwemer Hall

| Student: | Job/Department: |
|------------|-----------------|
| ID Number: | Supervisor: |

Student Initials

I understand that I am only allowed to hold one on-campus job.

I agree to work no more than <u>10</u> hours/week.

PLEASE NOTE THE FOLLOWING PROVISIONS:

1. I have completed I-9 and W-4 forms that are required in order to work on campus. I understand I <u>may not</u> work on campus until these forms are completed and turned in to the Human Resources Office.

2. I understand I am required to log my hours accurately. I understand it is my responsibility to have all of my hours logged by the end of the month and that finalizing my hours signifies that I have reviewed and approve my hours. I understand payroll will be directly deposited into my checking or saving's account on or around the 10th of the month.

3. I understand I am accountable to my supervisor for my performance and dependability. I understand, as my employer, my supervisor has the right to dismiss me any time I do not work up to the expectations. I understand that in the event I decide to end my employment, I should give my supervisor at least a 1 week notice before quitting.

4. It is my responsibility to work out a schedule of working hours with my supervisor. It is my responsibility to communicate potential conflicts with a work schedule to my supervisor. I understand that I am <u>not</u> permitted to work during my scheduled class times, even if the class is cancelled.

5. I understand that as a student employee, I am a student first. I understand that I must maintain a GPA of 2.0 or above in order to continue working my job.

6. If issued a key, I agree to keep it secure. I will not loan it to others or duplicate it. Also, I agree to return it at the end of the contract.

7. By signing this contract, I agree to keep student records and administrative data confidential pursuant to the Family Educational Rights and Privacy Act of 1974 and other federal and state statutes. Additional information available on the Registrar's page at https://my.nwciowa.edu/ICS/Academic/FERPA_Information.jnz.

I understand and agree to the provisions stated above and accept this job contract.

Student Signature

Date

Supervisor Signature

Date

Department Chairperson

Date

NOTE TO STUDENT EMPLOYEE: THIS CONTRACT SHOULD BE REVIEWED WITH YOUR SUPERVISOR AND SIGNED <u>PRIOR</u> TO YOU BEGINNING WORK. This contract needs to be turned in to the Human Resources Office prior to you starting your job. WITHOUT A SIGNED CONTRACT, THIS EMPLOYMENT ASSIGNMENT WILL NOT BE HELD FOR YOU. (<u>SUPERVISORS</u>—please make a copy for your records and send completed forms to the Human Resources Office).

| FOR SUPERVISOR USE ONLY: | Please complete the following regarding SCHEDULE, HOURS & PAY: |
|----------------------------------|--|
| Check That FORMS Are Completed: | This student will be working: |
| All forms must be completed | Full Academic Year |
| before a student starts working. | 1 st Semester Only |
| | 2 nd Semester Only |
| W-4 Federal Form Completed | |
| | This student will be working approximately hours per week. |
| W-4 State Form Completed | |
| | Pay Rate is \$9.50/hour for all general campus employment positions. |
| I-9 Form Completed | If different (and approved by HR) please note the different pay rate here: |
| Direct Deposit Form Completed | |