



SBU WORK STUDY PROGRAM APPLICATION FORM

WSP FWS Campus: Anaheim L.A. Class: Spring Summer Fall Winter Year: _____

Applicant's Name _____ Student # _____ Phone # _____
Last First Middle

Address _____ Email _____

New Application Replacing an Opening Name of Previous Worker _____

of Working Hours/Week: _____ Hours Working Days & Hours: Mon.____ Tue.____ Wed.____ Thu.____ Fri.____ Sat.____ Sun.____
(Maximum Allowed Working Hours/Week is 20 Hours)

Hourly Rate: \$ _____ Start Date: _____ Department: _____

Justify The Need For The Position You Requested:

Qualification for the Position:

Supervisor _____ Job Application Approved By _____ Date _____
Name Supervisor Signature

An Applicant Must Read Below And Sign

GENERAL INFORMATION & STATEMENT OF RIGHTS & RESPONSIBILITIES

1. In my work, I may be privileged to confidential information concerning students and their families. I shall keep such information in strict confidence.
2. I shall submit timesheets on a timely basis, on the fifteenth and last day of each month, to my Supervisor for approval and delivery to the Financial Aid Officer or Personnel Office.
3. My earnings on Federal Work-Study may not exceed my award limit.
4. I am not entitled to paid vacation or paid sick leave. I shall inform my Supervisor if I intend to take an unscheduled leave of absence or sick time.
5. SBU employees are entitled to a 15 minute rest period every 4 hours of continuous work.
6. I may terminate my employment at any time; however, proper notice should be given to my Supervisor and the Financial Aid Office or Personnel Office.
7. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer (SBU).
8. I understand I may work no more than the maximum hours allotted to me, as indicated in this form. I further understand I will receive no compensation for hours worked in excess of these totals and I am expected to maintain a record of my work time so I do not exceed the maximum allowable hours as outlined in this form.
9. The terms of my Work-Study position have been explained to me. I agree that in the case of injury or accident Worker's Compensation shall be the exclusive remedy.
10. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.
11. I understand my rights and responsibilities as a student-employee of South Baylo University.

Student's Signature _____ Date _____