

\_\_\_\_\_  
Contract Requested By

WORK-STUDY STUDENT EMPLOYEE CONTRACT

\_\_\_\_\_ is authorized to work the total number of hours

Specified at \_\_\_\$\_\_\_\_\_ per hour

SEMESTER: \_\_\_\_\_ AVG HRS PER WEEK: \_\_\_\_\_ TOTAL HRS: \_\_\_\_\_ TOTAL: \_\_\_\_\_

\_\_\_\_\_  
Student Financial Services  
\_\_\_\_\_  
Date  
 Verified  
 Osage

\*\*\*\*\*  
TO BE COMPLETED BY DEPARTMENT BEFORE STUDENT BEGINS WORK

Student Job Description: \_\_\_\_\_ Account Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_  
Signature Date

Account Sponsor: \_\_\_\_\_  
Signature Date

\*\*\*\*\*  
TO BE SIGNED BY STUDENT BEFORE BEGINNING WORK

I certify that I have submitted my Social Security number and have signed a Loyalty Oath, I-9 and W-4 Form along with the Automatic Deposit Transmittal and that these are on file in the Business Office. I further certify that I have read, understood and accepted the conditions of this contract. I understand this contract is subject to the availability of funds. I WILL NOT EXCEED THE NUMBER OF HOURS LISTED ABOVE.

NSU reserves the right to insure that all financial obligations to the University are paid from any funds received under the College Work-Study Employment Program before each disbursement is made.

Student Signature: \_\_\_\_\_  
Date

SEND TOP ORIGINAL TO: Payroll    DISTRIBUTE OTHER COPIES TO: Student Financial Services – Supervisor – Employee