

FEDERAL WORK-STUDY

STUDENT RIGHTS AND RESPONSIBILITIES STATEMENT

STUDENT NAME: _____EMPLID: _____

The Federal Work-Study Program requires that you read and initial each item listed that refers to your rights and responsibilities in the FWS program. Read each item and initial or put a check next to each statement.

- ___1. The FWS award must be earned by working. I will be paid only for the hours that I have worked.
- ___2. I understand that I will not be paid for hours worked before job placement. I know that I will not be paid for hours worked over my FWS award or after the last day of work.
- ___3. I understand that if I have money left over after the last day of work, I cannot use it for the following year.
- ___4. I understand that my first day to work is listed on the email that I receive from the FWS Coordinator. The start date cannot be changed by anyone except the FWS Coordinator.
- ___5. I understand that I cannot work during the time I have classes. I will give a copy of my class schedule to my supervisor for the Fall and Spring semesters.
- ___6. I must call my supervisor if I am going to be absent or late. If I fail to do this 3 times, I understand that I can be terminated from my job.
- ___7. I understand that if I work when the college is officially closed, I must get a letter from the supervisor stating that the office was open and the supervisor was present. If the supervisor does not submit a letter, I will not get paid for those hours worked
- ___8. I understand that my rate of pay remains the same throughout the year.
- ___9. I understand that I cannot get my FWS check before the scheduled disbursement date.
- ___10. I understand that I must submit my timesheet online via "insideKCC" and it must be approved by my supervisor.

___11. I understand that I must be registered for 6 credits or more to use my FWS award. If I drop below 6 credits, I must stop working. If I withdraw from all of my classes, I must stop working. If I graduate, I must stop working. If I take a leave of absence, I must stop working.

___12. If I choose to work off-campus, I understand that I must follow their payroll schedule.

___13. I understand that according to the LABOR LAW SECTION 511(5), STATE OF NEW YORK, a student attending a college and employed is not eligible to receive unemployment benefits. The New York State Labor Department will make the final decision if there are exceptions.

___14. I understand that according to the NY State Department of Social Services, Administrative Directive 81 ADM-38 of 8/27/1981, all financial aid is exempt from determining financial eligibility for Public Assistance (TANF) or medical assistance.

___15. I understand that if I apply for Food Stamps, my FWS earnings will be counted as income.

___16. I understand that if I falsify my timesheet, I will be immediately terminated from the FWS program

___17. I understand that I cannot work more than 20 hours per week when classes are in session. During school breaks, I can work up to 25 hours per week.

I have read the items listed above carefully and understand my rights and responsibilities.

Print Name _____ Date_____

Student Signature _____