

FEDERAL WORK STUDY
STUDENT RIGHTS AND RESPONSIBILITIES STATEMENT

STUDENT NAME: _____ SS# xxx-xx-_____

The Federal Work Study Program requires that you read and initial each item listed that refers to your rights and responsibilities on 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 my FWS Student/Employer Contract. The contract 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 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 cannot hand in my time sheet to the Financial Aid Office by myself.

___ 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 I will keep a copy of my FWS Contract and time sheets for at least 3 years.

___ 13 If I choose to work off-campus, I understand that I must follow their payroll schedule.

___ 14 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.

___ 15. 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 to determine financial eligibility for Public Assistance (TANF) or medical assistance.

___ 16. I understand that if I apply for Food Stamps, my FWS earnings will be counted as income.

___ 17. I understand that I must read and keep the FWS Student Handbook.

___ 18. I understand that if I falsify my time sheet, I will be immediately terminated from the FWS program.

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

Print Name _____ Date_____

Student Signature _____