



Student Financial Aid

500 Parnassus Avenue, MU201-West
San Francisco, CA 94143-0246

415-476-4181 / 415-476-6652-FAX
finaid.ucsf.edu / finaid@ucsf.edu

2017-2018 Off-Campus Federal Work-Study Program Agreement

Organization Name: _____

Contact Person: _____

Address: _____

Telephone Number: (_____) _____ Email: _____

Student Name: _____

First Middle Last

JOB INFORMATION

Job Title: _____ Hourly Rate: \$ _____

Employment Start Date: _____ Employment End Date: _____

A 2017-2018 School Year Federal Work-Study award is valid from **July 1, 2017 to June 30, 2018** only.
The student must have a valid work-study award for the stated employment dates above. Employers may either ask to see the student's Offer of Financial Aid letter which will indicate the work-study award period and amount OR contact our office to confirm the work-study award period and amount.

Federal Work Study Student (Employee please initial):

- ___ This is an **employment-based** financial assistance award. My work performance will be evaluated.
- ___ A federal work study employee may be released from University employment due to loss of federal eligibility, lack of suitable work assignments, unsatisfactory performance or misconduct. I may be released from employment at the sole discretion of the University.
- ___ I need to complete Cyber Security Training at: <https://learningcenter.ucsfmedicalcenter.org/>. Email copy of completed certificate to Elliot Yau elliott.yau@ucsf.edu to receive 1-hour of credit in future pay period. A federal work study student may be paid for training for any FWS employment or for a reasonable amount of time.
- ___ I am permitted to a net 10-minute paid rest period for every four hours worked or major fraction thereof.

Maximum Allowable 2017-2018 School Year Work-Study Earnings (gross): \$ _____

I have reviewed the above Job Information section: _____

Student Signature Date

CERTIFICATION (Employer please initial):

- ___ I certify that the above student will be employed in the job indicated above in accordance with the submitted job description and the conditions set forth in the contract signed by this organization and the University of California for the above-stated employment period.
- ___ I certify Federal Work Study employment must not displace employees or impair existing service contracts.
- ___ Any amount earned in excess of the work-study award amount as stated above will be paid in full by the Organization.
- ___ Any hours worked before the student has signed the required UCSF employment forms will be paid in full by the Organization.
- ___ Any hours worked before the Student Financial Aid Office has received and reviewed the required work-study and employment forms from the department will be paid in full by the Organization.
- ___ Employers of California employees covered by the rest period provisions of the Industrial Welfare Commission Wage Orders must authorize and permit a net 10-minute paid rest period for every four hours worked or major fraction thereof. Insofar as is practicable, the rest period should be in the middle of the work period. If an employer does not authorize or permit a rest period, the employer shall pay the employee one hour of pay at the employee's regular rate of pay for each workday that the rest period is not provided.

Please provide the information listed below and a sample signature of **at least two people** authorized to sign Hours Worked Certification and Time Record forms. (**Note:** If a person not listed below signs the Hours Worked Certification or Time Record forms, the student's earnings may be delayed!)

_____ Name – Please Print	_____ Name – Please Print	_____ Name – Please Print
_____ Campus Box # / Phone #	_____ Campus Box # / Phone #	_____ Campus Box # / Phone #
_____ E-mail Address	_____ E-mail Address	_____ E-mail Address
_____ Signature	_____ Signature	_____ Signature

✓ **Please attach a "Job Description" form and confirm the student's employment paperwork is complete with Student Financial Aid.**