

2024-2025 Off-Campus Federal Work-Study Program Agreement

Organization Name: _____

Contact Person: _____

Address: _____

Telephone Number: (____) _____ Email: _____

Student Name: _____

First

Middle

Last

JOB INFORMATION

Job Title: _____ Work-Study Student _____ Hourly Rate: \$ _____

Employment Start Date: _____ Employment End Date: _____

A 2024-2025 School Year Federal Work-Study award is valid from **July 1, 2024 to June 30, 2025** 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.

___ Complete Cyber Security Training at: <https://learningcenter.ucsfmedicalcenter.org/>. A federal work study student may be paid for training for any FWS employment or for a reasonable amount of time.

___ **The number of hours a student can work while enrolled is generally capped at 40 hours per pay period (every 2 weeks).**

Students are never allowed to work more than 20 hours in any work week.

___ A student cannot work more than 8 hours per day and cannot work on University holidays.

Maximum Allowable 2024-2025 School Year Work-Study Earnings (gross): \$ _____

I have reviewed the above Job Information section: _____

CERTIFICATION (Employer please initial):

Student Signature

___ 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.** For example, we cannot allow an employer to hire the subsidized work-study student as part of its counter help because the employer would be displacing a regularly hired/budgeted employee.

___ **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 Services Office has received and reviewed the required work-study and employment forms from the department will be paid in full by the Organization.

___ **The number of hours a student can work while enrolled is generally capped at 40 hours per pay period (every 2 weeks).**

Students are never allowed to work more than 20 hours in any work week.

___ A student cannot work more than 8 hours per day and **cannot work on University holidays.**

___ **Supervisors must keep track of the student's time records and earnings to prevent the student from working more than their maximum allowable gross earnings.**

Please provide the information listed below and a sample signature authorized to Approve Hours Worked in HBS Timekeeping System.

Name – Please Print

Campus Box # / Phone #

E-mail Address

Signature