

FEDERAL WORK STUDY STUDENT CHECKLIST

STUDENT'S NAME _____
CUNY ID# _____

Please read carefully and place a check mark in the box before every statement indicating you understand the information.

FEDERAL WORK STUDY PROGRAM STUDENT/EMPLOYER

ACKNOWLEDGEMENTS FORM

1.) A signed Acknowledgements Form must be completed and signed by student and supervisor(s), and submitted to the Financial Aid Office. I must also complete and attach a W4 form, IT2104 or IT2104E, I-9, Student Checklist and Confidentiality Statement.

I will not be placed on the payroll until I submit these forms to the Financial Aid Office.

TIMESHEETS

2.) Timesheets will be approved by my supervisor. A fraudulent time sheet will be treated as a serious offense and will be dealt with accordingly.

a.) I have received a copy of the yearly payroll schedule.

b.) A timesheet received after the due date may result in a delay of that paycheck.

c.) I will keep copies of my timesheets and a record of my earnings.

AWARD AMOUNT

3.) **KEEP TRACK OF MY HOURS WORKED. I understand the Federal Work Study program will not pay for any hours worked over the amount of my work study award. My supervisor and I are responsible to make sure the department where I work pays for any hours worked over my work study award. CUNY FIRST COMMUNICATION WILL NOTIFY YOU VIA YOUR QC EMAIL AS TO HOW MANY HOURS YOU HAVE REMAINING.**

PAYMENT

4.) I will be paid every two weeks and my check will either be mailed or directly deposited into my designated account or scholar card.. If my checks are mailed and if I move, I will notify the Financial Aid Office and Registrar's Office immediately.

GENERAL INFORMATION

- 5.) a.) My employment starts on or after the first day of classes or the day of placement (if placement is after classes begin) and I can work until I have earned the amount of my award or until the end date on the Acknowledgements Form, whichever comes first.
- b.) I can work up to 20 hrs./wk. My work hours will be determined by mutual agreement with my supervisor.
- c.) I cannot work during my scheduled class hours.
- d.) I will only be paid for hours worked.
- e.) **I must inform my supervisor if I will be late or absent. I must also inform my supervisor if I decide to terminate my work-study position.**
- f.) **I am entitled to a half hour work break after six consecutive hours of work.**
- 6.) **If I withdraw from my classes or drop below six (6) credits, I must terminate work study position immediately.**
If I withdraw and become less than half-time, I must contact the work-study coordinator in the financial aid office and stop working.

JOB BEHAVIOR

- 7.) a.) I understand I must conduct myself in a professional and courteous manner.
- b.) I must arrive on time and be ready to work.
- c.) I will be cooperative and show a willingness to learn.
- 8.) I will complete my work thoroughly and accurately. If I do not understand what to do, I will ask questions.
- 9.) I will try to represent the office well. I realize I may be the first contact that a person has with the job site, and that the manner which a person is received leaves a lasting impression.

QUESTIONS

- 10.) I can contact the Financial Aid Office with federal work study questions by calling Melissa Sangster at (718) 997-5112.

STUDENT'S SIGNATURE _____

DATE _____