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______________________________________________________