

MARS HILL COLLEGE

College Work-Study Program Office

Student Acknowledgement Form of Employee-Employer Agreement

I, the employee, hereby acknowledge that I have read the information regarding the College Work Study Program (CWSP) from the Student Handbook on the website, <http://www.mhc.edu/studentlife/employment>.

I understand that:

- (1) the rules and guidelines outlined in the handbook may be altered at any time;
- (2) claims of ignorance of the rules and regulations outlined in the online student handbook will not be accepted as an excuse for violation.

I further understand that I am responsible for accurately recording the exact time I begin and leave my work, AND for my timesheet being sent to the CWSP Student Employment Office on the first working day after the last day of the month worked.

(Employee please initial to indicate you understand and accept your responsibilities.)

I agree that my CWSP award and earnings may be discussed with my parent(s) or guardian.

(Employee please initial to indicate your approval.)

(Print Student Name)

Student Social Security Number _____

Student Campus Post Office Number _____

Student College ID Number _____

I, the supervisor, agree to hire the student named above as a student worker to fill the position of _____ in the department of _____

Pay Rate _____ (Please leave Pay Rate blank; it must be completed by CWSP Office)

Employee Signature

Supervisor Signature

Date

Date

College Work-Study Program Manager

Date Assigned

Budget Number