



Office of Financial Aid

2018 – 2019

Supervisor Participation Agreement Federal Work-Study Program

As a student employment supervisor, I, _____, agree to comply with all employment regulations outlined in the FWS Policies and Procedures Manual. Those regulations include, but are not limited to:

Please Initial:

- ☐ Filing a Position Request Form with the Financial Aid Office annually for all positions for which students are hired.
- ☐ Signature of Hire Form, returned to the Financial Aid Office, by both student and supervisor **PRIOR** to student start date.
- ☐ Working with student employees to ensure FWS award is not exceeded beyond the original award amount. The award balance can be viewed on the TsX webpage.
- ☐ Approving students' electronic timesheets on the TsX webpage by the 26th of each month (or as designated by FAO) and/or designating a secondary supervisor to oversee these processes in the event of an absence.
- ☐ I understand that it is my responsibility to take possession of my students timesheets to record hours worked, if students fail to do so.
- ☐ Guaranteeing that no student employee will volunteer for the same position as another student who is already getting paid for said position.
- ☐ Taking responsibility to ensure any hours a student works will be recorded in the appropriate pay period.
- ☐ If a student over earns the given FWS award, the wages will then be charged to my departments budget. I understand that repeat offenses could result in termination from the workstudy program.
- ☐ If I am an approved FWS Off-Campus Employer, I understand I must remit payment for earned student wages (as outlined in my contract) to the NUNM Financial Aid Office within 30 days of date on billing statement. *(This is only applicable to Off-Campus Employers)*
- ☐ I understand that I cannot hire FWS students to further my private professional projects.
- ☐ Working during scheduled class time is prohibited. There are no exceptions regardless of whether or not class is cancelled.

Furthermore,

By signing this agreement, I understand that failure to comply with employment policies and procedures will result in suspension and/or termination of my participation in the FWS Program. I understand these decisions are final and will be implemented by the Director of Financial Aid.

- ☐ I have received, read, and understand the 2018-2019 Policies and Procedures Manual.

Signature

Date