



Office of Financial Aid

2023-2024

Student Participation Agreement
Federal Work-Study and Student Employment Programs

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

Please Initial below:

- ☐ Signed and submitted all required payroll documents (tax forms, OR W-4, W-4 and I-9) to the Financial Aid Office **PRIOR** to start date.
- ☐ Submit hire form **PRIOR** to beginning work — signed by both you and the supervisor and returned to the Financial Aid Office.
- ☐ I understand that I cannot begin work until I have received a confirmation from the Financial Aid Office that my hire has been approved and activated online.
- ☐ Submit monthly electronic timesheet on the TsX webpage by the specified payroll deadlines. This deadline is typically around the 25th of each month and modified around the holidays.
- ☐ I understand that late submission of timesheets or failure to submit timesheets altogether, will result in work study privileges being revoked for a minimum of 1 academic term. This will occur upon 3 violations.
- ☐ Never work beyond my initial work-study award. The award balance can be viewed on the TsX webpage.
- ☐ I understand I must earn at least 1/3 of my award each term and acknowledge my failure to do so will result in forfeiture of the unearned portion of my award for each respective term.
- ☐ I understand if I have not been hired and begun earning my award within the term I was first awarded, I agree to forfeit 1/3 of my FWS award.
- ☐ If working an FWS or STEP position, I will not volunteer for the same position once I exhaust my original award.
- ☐ Taking responsibility to ensure any hours worked will be recorded in the appropriate pay period.
- ☐ I have checked with my supervisor on the excused/unexcused absence policy and realize that a “no call, no show” is grounds for termination and is up to the discretion of my supervisor.
- ☐ I understand that as a student I am not allowed to practice medicine without a license. This includes, but is not limited to diagnosing, treating, advising, and advertising without licensed supervision or licensure.



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CODE OF CONDUCT

I understand that failure to adhere to the Student Code of Conduct and Student Honor Code will result in my termination in the work-study program.

Initials _____

FEDERAL REGULATIONS REQUIREMENT

Working during scheduled class time is prohibited in general, students are not permitted to work in FWS positions during scheduled class times. There are no exceptions regardless of whether or not class is cancelled or an instructor has excused students from attending for a particular day.

Initials _____

CONFIDENTIALITY AGREEMENT

I understand that **ANY** information about NUNM students, patients, staff or faculty is completely confidential. I understand that the release of information is prohibited by federal, state and local law. I acknowledge that I fully understand that the intentional release by me of information to any person, without approval from a NUNM staff supervisor, could result in criminal and civil penalties (where applicable) imposed by law. In addition, I understand that violation of the Confidentiality Agreement subjects me to disciplinary action and may result in the termination of my current position as well as future employment opportunities at NUNM.

Initials _____

FWS PARTICIPATION REQUIREMENTS

As a Federal Work-Study (FWS) recipient I acknowledge I have read, understand and agree to abide by the NUNM Federal Work-Study Program Policies and Procedures. I acknowledge my acceptance of this award requires that I fully participate in the FWS program and earn at least one-third of my award each term to avoid reduction and/or cancelation of this award. I understand the NUNM Federal Work-Study Program is not affiliated with the **Oregon Supplemental Nutrition Assistance Program (Oregon-SNAP)** and my acceptance of this award is not done with the sole intent of qualifying for SNAP benefits otherwise I risk possible suspension and/or cancelation of my FWS award.

Initials _____

INTENT TO ENROLL

I understand that I must be enrolled and making satisfactory academic progress to participate in Federal Work-Study opportunities at NUNM. I understand that failure to maintain enrollment and satisfactory academic progress will result in suspension of employment privileges until I am in compliance.

I understand that by using my FWS or STEP award (if any) during a period of non-enrollment, I am agreeing to enroll and make satisfactory academic progress during all terms for which I am receiving Financial Aid. I understand that failure to comply with enrollment and satisfactory academic progress for any/all terms for which I am awarded will result in my financial aid being reduced, suspended or canceled until I am in compliance.

Initials _____

I understand that failure to comply with employment policies and procedures will result in suspension and/or termination of my participation in the Federal Work-Study program. I acknowledge that I have received, read, and understand the Policies and Procedures Manual.

Signature

Date