



Office of Financial Aid

2023-2024

### Supervisor Participation Agreement Federal Work-Study Program

As a Federal Work-Study 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 does not exceed 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 26<sup>th</sup> 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 same 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 department's budget. I understand that repeat offenses could result in termination from the work-study 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.
- ☐ I understand that work- study students are not allowed to work for another person that is not assigned as their primary work-study supervisor or secondary work-study supervisor.
- ☐ **CODE OF CONDUCT**  
I understand that I cannot allow students to work unsupervised or to practice medicine without a license. This includes, but is not limited to diagnosing, treating, advising, and advertising without licensed supervision or licensure. Failure to adhere to the Student Code of Conduct and Student Honor Code will result in the termination of my participation in the work-study program.

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 Policies and Procedures Manual.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date