Spring 2015 – Work-study Agreement
Office of Student Affairs

_______________________, ___________ is approved to work for ___________________________ in
Student’s Name  ID Number  Supervisor’s Name

________________________.
Department Name

I, the student, understand that I have the responsibility:

• To keep any and all information seen or heard in the performance of my duties confidential. I may not copy, remove, or allow unauthorized access to institutional documents, files, or mailing lists and that a breach of this responsibility can result in immediate dismissal.
• To maintain satisfactory academic progress as mentioned in the AUAF Student Handbook.
• To be on time for every shift and stay until the shift is complete.
• To inform my supervisor if I am sick or will be late.
• To perform my duties in an efficient, professional manner.
• To ask for assistance or clarification on any job assignment that is unclear to me.
• To give a week notice to my supervisor and the Office of Student Affairs if I intend to quit my job.

____________________________________   ____________________
Student Signature   Date

____________________________________   ____________________
Supervisor Signature   Date

____________________________________   ____________________
Student Affairs Coordinator   Date

P.O. BOX 458, DARULAMAN ROAD, KABUL, AFGHANISTAN
www.auaf.edu.af