

## Work-Study Agreement Form Office of Student Affairs

I, \_\_\_\_\_, ID# \_\_\_\_\_, hereby agree to work for \_\_\_\_\_ in  
Student's Name ID Number Supervisor's Name

\_\_\_\_\_, during \_\_\_\_\_ semester, and understand that I have the following responsibilities:  
Department Name e.g. Spring 2016

- To keep 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 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 in advance, if I am sick or will be late, or want to have a leave;
- To perform duties in an efficient and 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;
- Other tasks assigned by the supervisor.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirmed by:**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Affairs Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_