

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 Name: _____

Supervisor Signature: _____ Date: _____

For Student Affairs Work-Study Program Coordinator use only:

Name: _____

Signature: _____

Date: _____