

Work-Study Employer Responsibility Form

Employee's Name (PRINT): _____ Phone: (____) _____

HCC ID: _____ Date of Birth: ____/____/____ Home Campus: _____
(9-digit number required) (Primary location of attendance)

Please read each statement carefully and initial your understanding. The following is a list of policies and expectations for work-study supervisors. Failure to comply with any of the policies may prevent the supervisor from employing future Federal/State work-study students.

1. _____ I will not allow my student worker (s) to start work until the completed Personnel Action Form Packet (PAF) has been submitted to and received by the Office of Financial Aid. I will allow student to begin work after receiving the "Ready to Work" email.
3. _____ I will maintain a signed and current copy of my student workers' official class/work schedule.
4. _____ I will provide clear and concise work instructions daily to my student worker(s) for clarity of the work assignment(s) given and expected completion times and dates.
5. _____ I will provide instructions to the student of the appropriate dress code/office.
6. _____ I understand that Work-Study students are not allowed to work during holidays, breaks, etc. unless prior written notification is submitted to the Financial Aid Office and clearance/approval is granted.
7. _____ I understand that the Federal and State College Work-Study Programs are work programs and the monies available have to be "earned" by the student(s); free money and/or monetary favors should not be paid to any student haphazardly. Any Supervisor found out-of-compliance will be unable to hire future Work-Study students.
8. _____ I understand that students will not be paid for time claimed during designated class periods – such action is out-of-compliance. I acknowledge that it is my responsibility to ensure that my student worker(s) do not claim time worked during scheduled class periods. I understand that I should check the Student Work/Class Schedule to determine possible violations and report them to the Work-Study Coordinator.
9. _____ I understand that the Financial Aid Coordinator should be contacted immediately if any student expresses his/her desire to resign from my area or is proposed for termination.
10. _____ I understand that back-pay due to missed deadline/cut-off dates cause a delay in payment; I further understand that payroll not reported as scheduled and any subsequent compensatory action sought by the student will be the responsibility of my department for the respective pay period.
11. _____ I understand that supervisors will be responsible for paying any earnings above the awarded amount via department funds. Web-timesheets are to be prepared efficiently and without error.
12. _____ I acknowledge the following items are considered a failure to maintain compliance:
 - a. Incomplete information (back-pay not included on web-timesheet)
 - b. Class Schedule Conflicts
 - c. Failure to submit web-time entries on or before cut-off time/date
 - d. Failure to check web-time entries for accuracy
 - e. Failure to monitor student's web-time to ensure projected time is worked
 - f. Failure to attend orientation and/or ad hoc work-study training sessions, as needed
13. _____ I understand that I am responsible for maintaining an accurate record of time worked daily for each Work-Study participant under my supervision.
14. _____ I understand that I am responsible for the contents of the Work-Study Guide.
15. _____ I acknowledge that failure to provide my initials on each item noted above is grounds for cancellation of my Work-Study application.

Work-study Compliance and Responsibility Form

Employee's Name (PRINT): _____

HCC ID: _____

(9-digit number required)

The College Work-Study programs are funded through federal and state monies. Houston Community College must comply with the federal and state regulations which govern these programs to maintain its eligibility. As supervisors who employ students both on and off campus, a thorough understanding of your role as the supervisor and as it relates to HCC's eligibility to participate in the Work-Study program is critical.

Staying in compliance with federal and state regulations takes diligence on the part of the Financial Aid Coordinator and the participating supervisors. As a supervisor, you must accurately maintain each student's time worked, communicate with the student about his/her remaining funds and hours, and report the students' time worked for remittance on or before the monthly due date for payroll processing. Web-timesheets are to be prepared efficiently and without error, reviewed and submitted via the web-time entry database, which is accessible on HCC's website-www.hccs.edu.

By reading and signing this document you, the supervisor, agree to abide by all program requirements either stated within this document or within the supervisor's handbook. If you are found to be out of compliance, an email notification will be sent to you and will state the reason for the citation. Any citation may result in the ability to hire future Work-Study students.

Certification

By signing below, I acknowledge and confirm that the above information is complete and correct and I agree to comply with all of the terms and conditions.

FWS Supervisor's Signature: _____

Date: _____