



CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office
P. O. Box 35009
Charlotte, NC 28235-5009
Telephone: (704) 330-6710
Fax: (704) 330-5053

FEDERAL WORK-STUDY
EMPLOYMENT AUTHORIZATION
2017-2018

This form serves as an authorization for you to secure a Federal Work-Study (FWS) position. You may not begin working until the Financial Aid Office has this completed form. Before beginning to work, you must also submit a CPCC Application for Employment, an INS I-9 to verify citizenship status, and have filed W-4 and NC-4 withholding forms. Once you are hired, you are responsible for your timesheet and maintaining a consistent work schedule.

TO BE COMPLETED BY STUDENT

Student Name: Student ID Number:

Last First MI

Address: City/State:

Telephone Number: E-mail:

STUDENT AGREEMENT:

PLEASE REVIEW AND INITIAL EACH STATEMENT:

I have been admitted to CPCC, enrolled in a program of study eligible for financial aid, enrolled for at least 6 credit hours and not on financial aid suspension.

I understand that the federally-funded Federal Work-Study program is designed to help me earn a portion of my financial aid while giving me valuable work experience. I may not earn more than the gross amount listed on my award letter.

I understand that this is an employment opportunity and will be paid only for hours actually worked. I understand that I do not earn any vacation time or sick/personal time under the Work-Study program. In addition, I am not allowed to work during my scheduled class time.

I understand that if I withdraw from all of my classes or drop below half-time enrollment that I will not be paid for the month in which I dropped below the required enrollment status.

I understand that it is my responsibility to coordinate my work schedule with my supervisor and to meet it to the best of my ability.

I understand that I am expected to notify my supervisor in advance if I am unable to report to work.

As a Federal Work-Study student I understand that I am a representative of Central Piedmont Community College; therefore, my demeanor should be in accordance with my supervisor's expectations.

Your Federal Work-Study position is the same as any other job, and the lack of performance or attendance is justifiable cause for dismissal.

I agree to the terms of this contract and understand that I will receive payment on the 15th of each month only for work performed upon submission of the required timesheet. It is my responsibility to see that my timesheet is submitted to the Financial Aid/VA Office by my supervisor for processing according to established policies. If my time is not submitted properly and by the proper due date, I may not be paid until the following pay period - a minimum delay of two weeks. As a FWS employee, I understand that I will expect to perform my assignment in a responsible manner. I understand that my assignment may be terminated if I do not perform my work satisfactorily.

Once I have accepted a FWS position, I am expected to remain on that job for the employment period (each semester) or until my Federal Work-Study allocation has been earned. Under no circumstances should I quit a job before first consulting the Financial Aid/VA Office. If after discussing my situation with a member of the Financial Aid/VA Office, I decide to terminate employment, I am expected to give my supervisor two weeks notice. Only with specific approval from the Financial Aid/VA Office (which will be on an "exception" basis) can I obtain another job after having quit a job.

Student Signature: Date:

CONFIDENTIALITY STATEMENT/PRIVACY ACT

I understand that I am authorized to follow the guidelines of CENTRAL PIEDMONT COMMUNITY COLLEGE in order to protect the privacy of our students and/or employees. I will neither disclose nor use for my own or another's benefit, during or after my employment, any information not publicly known relating to Central Piedmont Community College, its employees and/or students. I will only access specific data as it relates to completing my job duties. I understand that I may release student information to Central Piedmont Community College personnel only for educational purposes upon the approval of my supervisor. *(It is the policy of Central Piedmont Community College to follow guidelines under the Family Rights and Privacy Act of 1974, as amended, in order to protect the privacy of students).* I understand that any information pertaining to student's personal and educational records, or contained in student files are protected by the Family Educational Rights and Privacy Act of 1974 (FERPA). I understand that a breach of confidentiality of such documents would constitute an abuse of a position of trust and responsibility within the College Community punishable under the policies related to *Student Conduct*. Furthermore, the forgery, falsification, or fraudulent misuse of College documents, records, identification cards, and records to the College directly related to an individual student is an offense and may also be a violation of the laws of North Carolina.

It is the policy of the North Carolina Community College System to provide a drug free, safe and secure work environment. It prohibits the unlawful manufacture, distribution, dispensation, possession or use of narcotics, drugs, other controlled substances or alcohol at the workplace. *(Workplace means either on campus premises or while conducting agency business away from campus).*

I have read and understand and agree to abide by the conditions specified. I understand that violating this policy may be grounds for dismissal from my employment, denial of access to data and facilities or disciplinary action.

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY EMPLOYER

EMPLOYER APPROVAL/AUTHORIZATION TO HIRE:

Department: _____ Student's Position Title: _____

Work Supervisor: _____ Ext. _____ Location: _____

PLEASE REVIEW AND INITIAL EACH BOX:

_____ I understand that I am responsible for monitoring the student's FWS earnings that he/she will not exceed his/her award amount. I also understand that I am responsible for monitoring student's hours worked not exceed 1,080 hours for the award year.

_____ I will verify the time worked by the student and submit all timesheets to the Financial Aid/VA Office by the first of each month. In addition, I will verify enrollment for each semester this student is employed by this department.

Department Supervisor Signature: _____ **Date:** _____

Note: Please submit this form to the Financial Aid/VA Office, Central High Building, Room 205, for approval. The student may only begin working once you receive this form with the authorized approval from the Financial Aid/VA Office.

TO BE COMPLETED BY FINANCIAL AID OFFICE

AUTHORIZATION PERIOD:

Total Federal Work-Study Award for the period indicated: \$ _____

Time period eligible to work:

While holding a Federal Work-Study position, you are allowed to work up to 20 hours per week. Remember you may not earn more than your total FWS award amount.

- Summer 2017
- Fall 2017
- Spring 2018
- Summer 2018

Total Remaining Need: \$ _____ **Salary Per Hour: \$** _____

- This Student is a new hire.
- This Student is a rehire.

Authorized Financial Aid Signature: _____ **Date:** _____