Student-Worker Acknowledgment
Edison State Community College

_____
Work-Study Name

_____
College ID

It is hereby agreed that said Student Worker be employed to perform duties including but not necessarily limited to:

_____
Position/Department

at an hourly rate as set by the Administration. This student shall work a maximum of 20 hours weekly when the College is in session, the hours to be determined by the supervisor. Duties shall be effective beginning when all signatures as checked below have been recorded.

I understand that I am a student worker at Edison Community College and, therefore, am duty-bound to work within the plans and policies of the College. I understand that any suggestion or question about policy or procedure I may have must be discussed with my supervisor.

I understand further that failure to observe the foregoing requirements at any time may result in my immediate termination.

_____ _____
Student Worker signature Date

_____ _____
Immediate Supervisor signature Date

_____
Department Budget Number

Begin Date: _____