Student-Worker AcknowledgmentEdison Community College

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Wor	k-Study Name	
	College ID	_
It is hereby agreed that said Student World not necessarily limited to:	cer be employed to perfo	orm duties including but
Positi	on/Department	
at an hourly rate as set by the Administra hours weekly when the College is in sess supervisor. Duties shall be effective begin have been recorded.	ion, the hours to be deter	rmined by the
I understand that I am a student worker at duty-bound to work within the plans and suggestion or question about policy or pre supervisor.	policies of the College.	I understand that any
I understand further that failure to observ result in my immediate termination.	e the foregoing requiren	nents at any time may
Student Worke	r signature	Date
Immediate Superv	risor signature	Date
Departme	ent Budget Number	
Begin Date: _		