

**ALICE LLOYD COLLEGE
STUDENT WORK CONTRACT**

Student Name: _____

Student I.D. #: _____

1. I agree to work the number of hours equivalent to the work study dollar amount stated in my financial aid award letter. I understand that the college requirement is a minimum of 160 hours per semester. Furthermore, I realize that I may be required to work more hours depending on my financial situation.
2. I understand that it is my responsibility to fulfill the requirements of my job as described by my supervisor, to obey job work rules as outlined by my supervisor, and to obey general regulations as stated in the Student Work Handbook.
3. I understand that participation in the Student Work Program is a requirement for graduation similar to academic requirements. Unsatisfactory progress will result in dismissal from the College.
4. I understand I can change my student work assignment during the semester only with the approval of my original supervisor, the supervisor of the job I wish to transfer into, and the Director of the Student Work Program.
5. I understand that the Student Work Program is an integral part of my educational experience and an essential component in the effective operation of the College. I will make every effort to live up to the requirements of my job.
6. I understand that there are substantial penalties for failure to complete the required number of hours by the end of the semester (see Student Work Handbook for penalty determination).
7. I understand that I am not allowed to work more than my required number of hours (see #1 above). I understand that I am not allowed to turn in more than my required number of hours to the Student Work Office.
8. I understand that I cannot work over 20 hours per week while school is in session.

Student Signature

Date

Approved By

Date