



University of North Carolina School of the Arts
FEDERAL WORK STUDY STUDENT AGREEMENT – 2018-2019

The requirements for student employment under the Federal Work Study Program at the University of North Carolina School of the Arts are listed below. Please read and initial each statement. This form must be on file with the Financial Aid Office before you are assigned a work study position.

Statement of Confidentiality

- All files maintained, housed, and managed by the University of North Carolina School of the Arts are confidential, and the release of information pertaining to these records is to be consistent with established UNCOSA policies and procedures as well as the Family Education Rights and Privacy Act of 1974, as amended in 1976.
I fully understand the policy regarding the confidentiality of all files and will comply fully during my employment in the office. Failure to maintain confidentiality of information may lead to disciplinary action including the termination of my employment.

Terms of Employment

- I understand that I cannot begin working under the Federal Work Study Program before receiving my Notice of Authorization to Work. This notification will be sent to my "artist.edu" email account.
I will provide my supervisor with a weekly class schedule at the beginning of each term.
I understand I may not work during scheduled class time or rehearsal time.
I understand I must adhere to the Bi-Weekly Payroll Calendar and Web Time-Entry Due Dates. Late Submission of Timesheets will result in dismissal from the FWS Program.
I will adhere to the rules of conduct and dress code as agreed upon with my supervisor and the department in which I am assigned.
I will not work in excess of 6 hours in a single reported time frame.
I will not work in excess of 20 hours worked in a single week.
I will not exceed the amount of available awarded hours under the Federal Work Study Program.
I understand I may not work after midnight or before 7:00am.
I will honor a request from the Office of Student Financial Aid to stop working, when made either by phone or e-mail, and I will contact the Office of Student Financial Aid immediately upon notification.
I understand that a false statement or misrepresentation of any information related to work study including hours worked is a serious violation of regulations and will result in immediate termination from the UNCOSA Federal Work Study Program.
I understand that if I am assigned to a Federal Work Study job and do not work, that my Federal Work Study Award may be canceled and that reinstatement is not guaranteed.
If I am terminated prior to the expiration of the work assignment, I understand that I may request re-assignment. I must submit a letter of explanation concerning the termination of the previous assignment in order to be granted re-assignment.

I agree to the terms as stated above. I understand that failure to comply with this agreement could result in the loss of employment under the Federal Work Study Program. I also understand that a false statement or misrepresentation of any information related to my duties and responsibilities of my work study assignment, including hours worked is a serious violation of regulations and will result in immediate termination from the Federal Work Study Program.

Student Signature Printed Name E-Z Arts ID Date