

**OKLAHOMA PANHANDLE STATE UNIVERSITY
STUDENT EMPLOYMENT ACTION**

_____ SEMESTER, 20 _____

TO BE SIGNED BY THE SUPERVISOR BEFORE STUDENT IS APPROVED FOR WORK.

A student/hourly worker may not begin working until the supervisor and student employee receives an email from the HR office approving the employment.

Signed: _____ Date: _____

STUDENT INFORMATION:

Name _____

Student ID (A number) or Social Security Number _____ Date of Birth _____

Current Mailing Address _____ () _____
Box City, State Zip Code Phone

Permanent Mailing Address _____ () _____
Box City, State Zip Code Phone

In Case of Emergency Contact _____ () _____
Phone

Are you currently enrolled at OPSU? _____ Hours enrolled _____

Have you ever worked for OPSU? _____ Where? _____

Do you have other campus employment? _____ Where? _____

I have read and understand the conditions set forth in the attached work agreement.

Student Signature _____ Date _____

SUPERVISOR INFORMATION:

Student Job Title _____ Hours Per Week _____

Position Code (e.g. #1202) _____ Date of Employment _____

I have read and understand the conditions set forth in the attached work agreement.

Supervisor Signature _____ Date _____

FINANCIAL AID: FEDERAL INSTITUTIONAL Signature: _____

PAYROLL ENTERED: Signature: _____ Date _____

STUDENT WORKER AGREEMENT - Oklahoma Panhandle State University

GUIDELINES

Students must be **ENROLLED IN AND REGULARLY ATTENDING** six (6) or more hours in a regular semester or three (3) or more hours in a summer session to be eligible to work up to twenty (20) hours per week.

Student workers will be assigned a maximum number of hours which may be worked in a given semester or year and a total dollar amount which may be earned in this period, (this includes "break" periods such as spring break and semester breaks). The money earned by the student working for the University is part of one's financial aid package where appropriate.

There are three (3) work periods for students in each year—Fall semester, Spring semester, Summer. Student workers must be approved each of these periods in which they will work. A student working for the entire year would need to be approved at the beginning of his/her work for each period.

The maximum number of hours worked in a week may not exceed twenty (20). Weekly hours cannot be averaged. Therefore, one may not work thirty (30) hours in one week and ten (10) the next and claim twenty (20) hours per week.

If there is a period in which a student must work more than twenty (20) hours per week, **this must be noted at the same time of employment or an amended work agreement must be completed, and approved in advance, by the VP of Student Affairs and Financial Aid.** A written explanation from the supervisor must be attached to the amended work agreement.

Revisions to the Student Worker Agreement must be filed in the Financial Aid office and approved by the Director of Financial Aid prior to any additional hours being worked and/or any additional wages being paid.

It is the responsibility of both the student and the student's supervisor to make certain excessive hours are not worked and hours are not put on a time sheet which conflict with the student's normal semester class schedule without documentation.

Upon termination of student's employment, the supervisor shall notify the Human Resources office of the separation date.

No student may receive a payroll check until all payroll documentation is complete.

THE STUDENT WORKER AGREES TO THE FOLLOWING CONDITIONS:

1. I agree to responsibly carry out the duties and tasks outlined in the job description for the position I am assuming.
2. I understand that unsatisfactory job performance is grounds for dismissal.
3. I understand that failure to report for work is grounds for dismissal and may be interpreted as my immediate resignation.
4. I understand that tardiness for work is grounds for dismissal.
5. I agree to present myself and conduct myself professionally at all times while on duty.
6. I understand any absences from work must be approved by my supervisor.
7. I agree not to work at any time when a class I am enrolled in is meeting.
8. I understand that my acceptance of this position means that I represent the University and I agree to do so at the level expected by my supervisor.
9. I agree to have periodic evaluations of my job performance.
10. **I agree to not work in excess of my officially approved hours.**

I understand and accept the conditions set forth above in this work agreement.

Student's Signature

Date

I have discussed the terms and conditions presented above. The proposed student worker and I understand and accept the terms and conditions set forth above. I hereby request for this student to be assigned work in my department/school.

Supervisor's Signature

Date

Department/School

Workers' Compensation Leave Acknowledgement

Workers' Compensation Leave: An employee sustaining an on-the-job injury will be provided an applicable recovery time in accordance with the Oklahoma Worker's Compensation Act. Each case will be individually evaluated and determined by the work comp adjustor. The University provides a comprehensive Workers' Compensation Insurance program at no cost to the employee. This program covers any injury or illness sustained in the courts of employment.

Any employee who sustains a work-related injury or illness **should inform his or her supervisor immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately.** An injured employee may be required to be examined by a doctor appointed by the University.

Upon notification of a work related injury or occupational illness by an employee, the supervisor is to notify the Human Resources Office prior to the close of business of the following work day.

I certify I have read the above statements found in the Faculty and Staff Handbooks (Faculty Handbook **1.3.3 Benefits** and Staff Handbook **5.7 WC Insurance**). I understand I am to report a work related injury to my supervisor and the supervisor is to notify the Human Resource Office prior to the close of the business of the following work day.

Employee's Signature

Date

Supervisor's Signature

Date

HR Rep

Date