The following information should only be completed by students who have been awarded College Work-study (CWS). Students **MAY NOT** begin work until completed forms are returned and students have been cleared through the Office of Financial Aid. All forms must be returned **directly** to the Campus Work-Study Coordinator. Incomplete forms will not be accepted.

**LONESTAR COLLEGE**

**Work Study Contract**

Circle One (refer to your Award Letter): FWS TWS

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week: 19.5

Pay rate: $7.25

Department (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Begins: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I **CANNOT** exceed the amount of work-study allocated to me in this contract. It is **MY** responsibility to adhere to the rules and regulations of CWS and if I do not I can be terminated which will result in the loss of work-study. If I am dismissed from work-study the institution is under no obligation for the balance of my award. I understand that I am only allowed to work 19.5 hours a week and will not be paid for other work unless I have written permission from the CWS Coordinator. I will not, under any circumstances, be permitted to share **ANY** information obtained during my work at Lonestar College. Sharing information will result in **IMMEDIATE** termination with no grounds for appeal.

I’ve been informed and understand that late timesheets will not be paid until the following pay period.

**Student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the supervisor I understand that it is my responsibility to be a role model for my student. It is my duty to train said student in the area that I designate him/her to work. I also understand that it is my responsibility to monitor the hours worked by my student. If the hours exceed the stated award amount I may be held responsible for that student’s compensation. I understand that falsifying CWS timesheets is against the law and my signature on timesheets verifies that all information contained is correct. If I am negligent in supervising my student(s) or signing their timesheets in a timely manner will jeopardize the privilege of having CWS Students.

**Supervisor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_