

SUPERVISOR RIGHTS & RESPONSIBILITIES 2023-2024 Academic Year

	Department/Location:	
Please read carefu	lly and check each box:	
they are scheduled to established a work so responsibility to requ	be in class. I have reviewed the student's class shedule for the student that does not conflict wit	udent employees are not permitted to work during the time schedule, I will maintain a copy for my records and I have h his/her current classes. I understand that it is my nt changes classes. I am aware that it is my responsibility to
amount stated on the employment once th	e FWS Student/Employer Contract. I further unde	erstand that it is my responsibility to terminate the student's own on said contract or on the "last working day", whichever tudents out of the departmental budget.
Spring) in order to pa		s as a matriculated student during each semester (Fall and e that the student has dropped below six (6) credits, it is my fy the FWS Coordinator.
	if the FWS student employee is working during t r the Spring semester, he/she must stop working	he Fall semester and he/she does not intend to register for at g on the last day of finals for the Fall Semester.
☐ I am aware that F six (6) credits in the S	-	lly if they are registered for at least six (6) credits in the Fall and
		r Contract and it must be processed by SFS-FWS in C-107 act or working prior to the contract date will not be paid with
\square I understand that C-107.	t Federal Work Study students are not authorized	d to begin working until I receive confirmation from SFS-FWS in
☐ I understand that	the FWS student employee must be supervised a	at all times.
of seven years after g		n May 2007, requires that records be retained for a minimum ccounting, whichever is longer. Therefore, I understand that I in sheet) for a minimum period of seven years.
scope of authorizatio		rce without authorization or use it for purposes beyond the Computer Resources may not be used for any purpose or in ral, state or local law.
☐ I acknowledge that	at earnings in excess of the FWS award will be pa	id from my department/agency budget.
□ I hereby state tha	at I have read the above items and I am aware o	f my rights & responsibilities as a FWS supervisor.
Date	Primary Supervisor's Signature	Print/TITLE
 Date	Alternate Supervisor's Signature	Print/TITLE