SUPERVISOR RIGHTS & RESPONSIBILITIES 2024-2025 Academic Year

	Department/ Location.	
Please read care	efully and check each box:	
□ I am aware of the Federal Regulation which states that the FWS student employees are not permitted to work during the time they are scheduled to be in class. I have reviewed the student's class schedule, I will maintain a copy for my records and I have established a work schedule for the student that does not conflict with his/her current classes. I understand that it is my responsibility to request a current class schedule each time the student changes classes. I am aware that it is my responsibility to monitor the student's time as outlined on their work schedule.		
amount stated on employment once	the FWS Student/Employer Contract. I further ur	ings so that the student does not work past his/her award inderstand that it is my responsibility to terminate the student's hown on said contract or on the "last working day", whichever e students out of the departmental budget.
Spring) in order to		its as a matriculated student during each semester (Fall and edge that the student has dropped below six (6) credits, it is my otify the FWS Coordinator.
	nat if the FWS student employee is working during s for the Spring semester, he/she must stop working	the Fall semester and he/she does not intend to register for at any on the last day of finals for the Fall Semester.
\square I am aware tha six (6) credits in the		only if they are registered for at least six (6) credits in the Fall and
□ Students and Supervisors must complete a FWS Student/Employer Contract and it must be processed by the SFS-Payroll office before students can begin working. Students working without a contract or working prior to the contract date will not be paid with FWS funds.		
□ I understand the Payroll office.	nat Federal Work Study students are not authorize	ed to begin working until I receive confirmation from the SFS-
☐ I understand th	nat the FWS student employee must be supervise	d at all times.
of seven years aft		on May 2007, requires that records be retained for a minimum I accounting, whichever is longer. Therefore, I understand that I in in sheet) for a minimum period of seven years.
scope of authoriz	· · · · · · · · · · · · · · · · · · ·	ource without authorization or use it for purposes beyond the NY Computer Resources may not be used for any purpose or in eral, state or local law.
□ I acknowledge	that earnings in excess of the FWS award will be	paid from my department/agency budget.
□ I hereby state	that I have read the above items and I am aware	of my rights & responsibilities as a FWS supervisor.
Date	Primary Supervisor's Signature	Print/TITLE
 Date	Alternate Supervisor's Signature	Print/TITLE