

## Office of Student Financial Services Federal Work-Study Program

## SUPERVISOR RIGHTS & RESPONSIBILITIES 2025-2026 Academic Year

	Department/Location:	
Please read car	refully 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.		
stated on the FW employment onc	/S Student/Employer Contract. I further understand t	wn on said contract or on the "last working day", whichever
		in order to participate in the FWS Program. If I have ty to stop the student from working immediately and notify
	that if the FWS student employee is working during the ts for the Spring semester, he/she must stop working	ne Fall semester and he/she does not intend to register for at on the last day of finals for the Fall Semester.
☐ I am aware the six (6) credits in t	_	y if they are registered for at least six (6) credits in the Fall and
		Contract and it must be processed by the SFS-Payroll office act or working prior to the contract date will not be paid with
☐ I understand t Payroll office.	that Federal Work Study students are not authorized	to begin working until I receive confirmation from the SFS-
☐ I understand t	hat the FWS student employee must be supervised a	t all times.
seven years after	· · · · · · · · · · · · · · · · · · ·	May 2007, requires that records be retained for a minimum of bunting, whichever is longer. Therefore, I understand that I in sheet) for a minimum period of seven years.
scope of authoriz	•	ce without authorization or use it for purposes beyond the Computer Resources may not be used for any purpose or in al, state or local law.
□ I acknowledge	e that earnings in excess of the FWS award will be paid	d 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