

FEDERAL WORK-STUDY GUIDELINES

As an authorized Federal Work-Study Supervisor, I understand the requirements and expectations outlined below and in the Supervisor Guidelines document which relate to employment of students through the Florida Institute of Technology's Federal Work-Study Program. I agree that I will follow and enforce these requirements and expectations. If this is my first time participating in the Federal Work-Study Program as a supervisor, I certify that I will or have completed one of the Office of Career Services Supervisor Training sessions.

1. I have read and understand the Federal Work-Study Student Employment Supervisor Procedures and I take responsibility for:
a) informing staff members in my department/agency about policies and procedures which pertain to their interactions with Work-Study students and b) ensuring that the online guidelines are accessible for easy reference.
2. I am aware that the department and I bear the responsibility for hiring, training, and supervising Work-Study Employees.
3. I understand that students **MAY NOT** begin working until I have received a Federal Work-Study (FWS) Verification from the Career Management Services Office (fws@fit.edu). I understand that any hours a student works prior to their authorized start date will be billed to the employing department's budget.
4. I understand that I am required to keep records that certify when a student works. In addition, I understand that it is my responsibility to ensure that the student be paid **within one month of the listed pay period**.
5. I understand that students may work no more than 20 hours in any week during the academic year, according to University policy.
6. I acknowledge the role that I have in monitoring Work-Study students' earnings. I have read the guidelines regarding payment to students who have worked hours exceeding their Work-Study award. **I understand students are not permitted to exceed their allotted Federal Work-Study award and that my department/agency is required to pay for any hours that a student works in excess of their award.**
7. I am aware that a student may only work during the Fall and Spring semesters of the academic year. **If you are unsure of these dates please contact Career Management Services and we can provide them to you.** Work-Study is not permitted during the Summer term. I understand the responsibility of the department to pay student wages earned during any period other than the Academic Year as previously defined.
8. If a Supervisor is in violation by allowing one of their FWS students to begin working prior to their approved start date, exceed their allocation amount or exceed 20 hours per week, the Department Head has the authority to designate that the overage be paid out of the supervisor's grant funds (where applicable).
9. I understand that I am responsible for directly supervising the student(s) whom I hire. I understand that student employees are not permitted to do "take-home" work, or do work from home, according to federal regulations. In addition, I understand that students are not permitted to work during class times nor are they permitted to do homework while at work, and it is my responsibility as supervisor to enforce these rules.
10. I have read and understand the University Policies, regarding sexual harassment, substance abuse and work related injuries (posted in the Human Resources Office). I take responsibility for informing all staff members in my department/agency about these Guidelines when necessary with regard to Work-Study employees.
11. I have read and understand the steps for FWS performance management as outlined in the Supervisor Procedures Manual.
12. I understand that violations of any guidelines set forth in the in the Guidelines could result in Work-Study privileges being revoked during the next academic year.

I have read, understand and will comply with all the Federal Work-Study Student Employment Guidelines. I understand failure to comply will result in suspension and/or termination of my participation in the FWS student hiring.

Department _____ Phone # _____

Printed Name _____ Email _____

Signature _____ Date _____

Date Received

_____ For Office of Student Employment Use Only