

STUDENT EMPLOYMENT CONTRACT

Student Payroll Service Center ♦ 115A Phillips Hall ♦ (828) 250-2352

TO BE COMPLETED BY THE SUPERVISOR:

Student's Name: _____ Student's ID # _____
 Student's Job Title: _____ International Student? _____
 Hiring Supervisor: _____ Department: _____

Hourly Wage	Stipend	Federal Work Study	Career Center Incentive Fund
Hourly Rate: \$ _____	Maximum Earnings: \$ _____	Hourly Rate: \$ _____	Hourly Rate: \$ _____
Budget Fund # _____	# of payments: _____	Max Earning: \$ _____	Max Earnings: \$ _____
Dept. Org. # _____	Bi-Weekly Amount: \$ _____	Fund# <u>552999</u> Dept.Org# _____	Fund# <u>216057</u> Dept.Org# _____
Work Start Date: _____	Pay Periods: _____	Work Start Date: _____	Work Start Date: _____
Work End Date: _____	Budget Fund # _____	Work End Date: _____	Work End Date: _____
Timesheet Approver: _____	Work Start Date: _____	Timesheet Approver: _____	Timesheet Approver: _____
Timesheet Proxy: _____	Work End Date: _____	Timesheet Proxy: _____	Timesheet Proxy: _____
Est'd Weekly Work Hours: _____	Est'd Weekly Work Hours: _____	Est'd Weekly Work Hours: 10	Est'd Weekly Work Hours: _____

By signing below I agree to hire the above named student, in the position noted, for the time period listed above (not to exceed one calendar year, and not past their graduation date), and in accordance with the Student Employment Policy (Policy #160). I will provide the opportunity for the student to work the appropriate number of hours to earn the above award and will monitor hours, so that they do not exceed a 20 hour work week (inclusive of all jobs secured on-campus). In addition, I will ensure that work hours during semester breaks and summer should not exceed a 40 hour work week, nor exceed 30 hours per week for 90 or more consecutive days (inclusive of all jobs secured on-campus). If hourly, I will verify and approve online timesheets at the conclusion of each pay period. The hourly rate or stipend amount specific to this contract will equate to, or exceed, the minimum hourly wage requirements (currently \$7.25 per hour). I will report any future changes in budget fund, rate of pay, and/or vacated/terminated status by completing a *Student Employment Change Form*. I will submit the original contract, with inked signatures, to the Student Payroll Service Center.

Supervisor's Signature: _____

Date: _____

TO BE COMPLETED BY THE STUDENT:

Preferred Name: _____ ID # _____ Expected Graduation Date: _____
 UNCA Email: _____ Phone # (w/area code): _____

By signing this contract, I understand that I have the following responsibilities as a student employee at UNC Asheville:

1. I must adhere to the policies and procedures listed in the Student Employment Policy & the Student Employment Guidelines.
2. I will not exceed a 20-hours work week (inclusive of all jobs secured on-campus) during the academic semesters. I will not exceed a 40-hours work week (inclusive of all jobs secured on campus) during academic breaks, *nor will I exceed 30 hours work per week for 90 or more consecutive days.*
3. If receiving an hourly rate, I will enter hours worked in my online timesheet (via OnePort) and submit it to my supervisor for approval at the conclusion of each bi-weekly pay period.
4. I understand that the following documents must be completed and on file before my first day of work:
 - Student Employment Contract
 - I-9 Employment Eligibility Verification Form {Requires Supporting Documentation} (submit to Human Resources)
 - W-4 (Federal Tax) & NC-4 EZ (NC Tax)
 - Direct Deposit Enrollment Form {Requires Supporting Documentation}

CONFIDENTIALITY STATEMENT:

As a student employee of UNC Asheville, you may have access to information that is made confidential by federal law, such as the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, or state law, such as the Personnel Files section of the N.C. State Personnel Act, N.C.G.S. §§ 126-22 through -30, or other University rules or regulations. It is imperative that you maintain the confidentiality of that information. All members of the UNC Asheville Community have the right to expect that all other members, in whatever role they may function, will respect their privacy and never disclose information in an inappropriate manner. The University needs to rely on your adherence to this principle. Failure to maintain confidentiality may result in your termination from this job and other disciplinary actions. I understand and agree with the above statement.

Student's Signature: _____ **Date:** _____