
Section 1: To be completed by the student. They will receive this at their meeting with Human Resources.

STUDENT NAME _____ **U#** _____ **SSN (last 4)** _____

I certify that I understand that:

1. My total work-study award for the '23-'24 academic year can be found in my Banner Web account and my hourly rate is \$14.20 per hour. I am not eligible to earn more than the total amount awarded to me.
2. My award allows me to work for approximately 5 hours per week during the 2023-2024 academic year- from 8/28/23 to 4/26/24. I must work with my supervisor to track my balance throughout the year.
3. My duties, responsibilities, and work schedule will be explained by my supervisor (work schedule will be built around the class schedule.)
4. My electronic timesheet must be filled out properly and submitted to my supervisor by the dates on the published time sheet/payroll schedule that I receive from Human Resources. Failure to submit the timesheet by the published deadline means that my pay will be delayed.
5. Continued employment under the Federal Work-Study program is conditional upon:
 - a) Maintaining satisfactory academic progress as described in the undergraduate catalog and on the financial aid website: sunypoly.edu/admissions/financial-aid/policies/sap.html
 - b) Maintaining satisfactory overall work performance – including letting my supervisor know I will be late or not be in to work.
6. I will use any funds I receive from the Federal Work-Study and/or any other Title IV program for expenses related to attendance at SUNY Poly during the 2023-2024 academic year. The work-study award money that I do not earn is forfeited.
7. Confidentiality is a requirement and I will comply with the **FERPA Non-Disclosure Agreement** as described here:

The Family Educational Rights and Privacy Act (FERPA) is a federal law enacted in 1974 that guarantees the confidentiality of a student's records. As a student of SUNY Poly, it is important for you to familiarize yourself with some of the basic provisions of FERPA to ensure that you do not violate this federal law. You must not, under any circumstances, release to any person(s) information about a student, unless your position specifically requires you to do so. You must refer any requests for information about a student to your supervisor to ensure you do not violate FERPA. You should avoid acquiring student records and information that you do not need to do your job, nor should you exchange information about students that you may have learned while performing your job. Even a minor disclosure of information (e.g., telling another student of someone's class schedule) may be a violation, and would result in penalties including the loss of your job. Keep any information obtained in the workplace at work. I have read and understand my responsibilities for my work-study employment and the Family Educational Rights and Privacy Act (FERPA) Non-Disclosure Agreement as stated above.

STUDENT SIGNATURE _____ **DATE** _____

Section 2: Student brings this form to their supervisor for them to complete.

SUPERVISOR NAME _____ **DEPARTMENT** _____

I agree to hire the above-named student at the above terms and in accordance with SUNY Poly's Affirmative Action and Equal Opportunity Policy. This student will be treated without regard to race, color, religion, national origin, sexual orientation, gender orientation, age, disabilities, marital or veteran status. I will review the Family Educational Rights and Privacy Act Non-Disclosure Agreement shown above with this student and have reviewed their duties and responsibilities with them.

SUPERVISOR SIGNATURE _____ **DATE** _____

Section 3: After Sections 1 & 2 have been signed, student returns this form to the Financial Aid Office (Kunsela Hall, Student Services Suite). A financial aid advisor will review, confirm student's eligibility for work study by signing below and returning this form to Human Resources.

The above named student has received a federal work study award for '23-'24 as indicated in Section 1 and can be placed on payroll.

FINANCIAL AID STAFF SIGNATURE _____ **DATE** _____

Coded PLAC in Banner _____

For HR Office Use Only:

New <input type="checkbox"/> Returning <input type="checkbox"/>	Citizen: Country:	Award Date:
Sex:	Family Income Level:	Account #:
EEOC Code:	Salary Rate:	Total Awarded: