Summer Work Study Employment Agreement

Complete, sign, scan then email the agreement to wkstudy@queensu.ca

It is essential your candidate has provided proof of a Work Study entitlement to you prior to filling out this contract.

STUDENT INFORMATION

STUDENT INFOR	MAHON									
Name:			Student Number:			Student Phone:				
Email:										
 I understand (please read carefully before signing): That I will be paid the standard hourly rate of \$15.00 plus 4% vacation pay. I will submit my time sheets to my supervisor prior to the payroll cut-off dates. A failure to meet these deadlines will result in my pay being delayed until the next pay period. I will remain on the job until the end of any term in which I work including reading and exam periods, or until my earnings entitlement is exhausted. I am aware that I am not permitted to carry forward any part of this entitlement beyond the study period end date. I will inform my employer and Career Services at least two weeks in advance of terminating my job. I will notify my employer prior to normal reporting time if illness or other circumstances prevent my appearance at work. I will inform the Student Awards Office immediately if my enrolment at Queen's University ceases to be full-time (as defined by OSAP) and, as a result, this agreement will be terminated. I will inform Career Services immediately if I wish to be employed by more than one employer under the Work Study Program. 										
Ct. do at Ciara atura					Doto					
Student Signature) :				Date:					
EMPLOYER INFO	DRMATION	l								
Supervisor's Nam	e:									
Phone:					Email:	Email:				
Department:										
 The student will 25% of the student will Work Study will by the payroll Work Study will I will inform the I will ensure the I commit to the 	I be paid thro dent's wages not pay for v cut-off date in not compen student at le reer Services at the Work St e student not	ough the U and 100% work perfor mmediatel sate for wo ast two we if the Timel udy Audit starting wo	niversity Casual of the benefits was med after the ply following the pages paid over the sin advance seeper informat form is returned ork until I receive	Payrol will be period of the ab end of the the if the ion change a correct payrol.	I of study end date. tove entitlement. student's position wanges. Student Awards Offentimed contract fro	artm men peci vill be fice i	nent. t. fied above. Fina e terminated, exc immediately upo ne Work Study Ac	al requisitions for pay not be completed of work deministrator.	misconduct.	
Supervisor's Signature:					 Date:	Date:				
TIMEKEEPER INFORMATION										
	IFORMATION		# of Hours:			Summer Academic Session (May 1 – August 31) Proposed start date:				
(A) Student's Entitlement: \$			\$ of Hours:		Proposed end	Proposed end date:				
	l	<u> </u>			(C) Work Stu		dy Commitment: (A*B):			
Job Title:		Job #: (I		(B) S	ubsidy: 75 %		(D) Department Commitment: (A)-(C):			
Chart Field String Fund			Dept		Acct	Program		Project	Class	
Timekeeper's Na	me:									
Phone:			Email:	Email:						
Timekeeper's Signature:					Date:	Date:				

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used by Career Services and the Office of University Registrar for coordinating Work Study positions, internal planning, and statistical analysis. For more information please contact Career Services, Sheila Hutchison at Sheila.hutchison@queensu.ca or (613) 533-6000 ext 74044.