

Fall/Winter 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

Name:	Student Number:	Student Phone:
Email:		
I understand (please read carefully before signing):		
<ol style="list-style-type: none"> That I will be paid the standard hourly rate of \$16.55 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. 		
Student Signature:	Date:	

EMPLOYER INFORMATION

Supervisor's Name:	
Phone:	Email:
Department:	
I understand (please read carefully before signing):	
<ol style="list-style-type: none"> Career Services and the student will be provided with a completed copy of this agreement. The student will be paid through the University Casual Payroll System by my department. 25% of the student's wages and 100% of the benefits will be paid by my department. Work Study will not pay for work performed after the period of study end date specified above. Final requisitions for pay must be submitted by the payroll cut-off date immediately following the period of study end date. Work Study will not compensate for wages paid over the above entitlement. I will inform the student at least two weeks in advance if the student's position will be terminated, except in cases of gross misconduct. I will inform Career Services if the Timekeeper information changes. I will ensure that the Work Study Audit Form is returned to the Student Awards Office immediately upon completion of work. I commit to the student not starting work until I receive a confirmed contract from the Work Study Administrator. The employer is responsible for covering STATUTORY holiday pay during the Work Study period if wages are paid that exceed the Work Study entitlement. 	
Supervisor's Signature:	Date:

TIMEKEEPER INFORMATION

Academic Session (September 1 – April 26)

(A) Student's Entitlement: \$	# of Hours:	Proposed start date:
	\$ of Hours:	Proposed end date:
Job Title:	Job #:	(B) Subsidy: 75 %
		(C) Work Study Commitment: (A*B):
		(D) Department Commitment: (A)-(C):
Chart Field String	Fund	Dept
		Acct
		Program
		Project
		Class
Timekeeper's Name:		
Phone:		Email:
Timekeeper's Signature:		
		Date: