

Federal Community Service Work Study Request and Agreement

Please print clearly:

Date _____ Student ID # _____ Box# _____ Class: F So Jr Sr Gr
Student Name _____ Major _____
Phone# _____ Email _____
Agency partner(s) of choice: _____

Have you participated in CSWS before? Please circle class years: F So Jr Sr Gr

As an Elizabethtown College student participating in Community Service Work Study (CSWS), I agree to the following:

- I will ask my agency supervisor for my job duties, and will carry out those duties to the best of my ability.
- I will ask my supervisor for a copy of the dress code and will be responsible for dressing appropriately for my position.
- I will provide my own transportation to and from the community partner site and will arrive on time.
- I will notify my community partner supervisor in a timely manner if I need to be absent. I understand that frequent absences or failure to notify my community partner supervisor may cause my removal from the position and CSWS.
- I will give a two-week notice to the community partner supervisor and the CCCE Program Coordinator, if I need to change my work status.
- I will provide copies of clearances as needed. (Criminal Record Check, Child Abuse Clearance, FBI.)
- I understand that I am an ambassador of Elizabethtown College and will represent the College in a professional manner.
- I understand that I am an ambassador of the community partner and will represent the community partner in a professional manner.
- I understand that my starting pay will be \$8.00 for Federal Community Service Work Study (CSWS).
- 1. I will have my community partner supervisor sign my time sheet weekly and I will submit the time sheet to the Center for Community and Civic Engagement lockbox, 2nd floor BSC near BSC 247, by **5 p.m.** each Thursday. *This is a requirement of Federal Work Study.* **AND** I will enter my hours into E-Clock. If my hours are not entered correctly, I **must** email civicengagement@etown.edu before Monday 8am. *This is school payroll policy.* If I work Friday or Saturday I will have my time sheet in Saturday 5pm. **I understand that if I do not submit BOTH my signed time sheet in the lockbox and my work hours on E-Clock on a weekly basis I may not be paid for that week and I could possibly lose my position for the semester. I understand that those hours will be considered volunteer hours.**
- 2. I will attend a mandatory orientation session prior to working if this is the first time I am doing CSWS I will attend a mandatory E-Clock orientation. I will complete employment forms with the Student Employment /Payroll Office and be responsible for keeping track of my own allocated hours throughout the year.
- 3. I understand when the financial aid funds allocated by the Financial Aid Department to the Center for Community & Civic Engagement for CSWS are depleted that CSWS will end. I will not be paid for more than the maximum number of hours allotted to me. Adjustments may be necessary second semester.
- 4. I may be eligible to receive an increased hourly pay rate based on years of experience with CSWS.

Signature: _____ **Date:** _____

For Office use only: Signature of Campus Supervisor _____
Position Fall (interest): _____ Position Fall confirmed: _____
Position Spring (interest): _____ Position Spring confirmed: _____
Work Study: Yes _____ No _____ Amount _____ Entered _____

