



## STUDENT EMPLOYMENT CONTRACT

**Name:**

**ID Number:**

### TERMS OF EMPLOYMENT:

1. **Academic Year:** I understand that my academic year work award is to be earned during the academic year and that it represents the maximum I may earn. I realize that it is my responsibility to see that I work sufficient hours to earn my entire work award amount. I understand that my academic year work award cannot be increased unless approved by my supervisor and the CSB/SJU Student Employment Office.
2. **Academic Year:** I understand that renewal of academic year work awards is subject to regular financial aid policy and is not guaranteed.
3. **Academic Year:** I understand that if I decline my academic year work award, it may not be offered to me in subsequent years.
4. I understand that the College/University's policy states that I may not normally work more than an eight hour day with a maximum of 20 hours per week during the academic year and 40 hours per week during the summer. I also understand that OVERTIME IS NOT PERMITTED (over 40 hours per week). I understand that if I am studying on an F-1 visa, I am limited to 20 hours per week during periods of enrollment and 40 hours per week during periods of non-enrollment.
5. I understand that I will be paid on a bi-weekly payroll schedule and that it is my responsibility to submit my timesheet by the timecard due date. I understand that I have the option of having my earnings deposited into my campus billing account and/or directly deposited into my off campus bank.
6. I also understand that failure to follow student employment policies as listed in the CSB/SJU Student Employment Handbook may result in the loss of my position. I acknowledge that the College/University reserves the right to revoke my position where my work, conduct, or attitude proves unsatisfactory.
7. I understand that I must be enrolled as a degree-seeking student at the College of Saint Benedict or Saint John's University in order to be employed as a student employee.
8. I authorize the College/University to transfer my employment earnings electronically to my CSB or SJU billing account, and/or off campus bank account.
9. As required by MN law, I understand that my name, permanent address, social security number and date of birth will be reported to the MN New Hire Reporting Center.

My signature on this employment contract indicates that I agree to abide by the policies listed on this contract and in the CSB/SJU Student Employment Handbook. I have read and understand the terms and conditions of this employment contract and understand that failure to comply with the employment terms described in this contract could result in my immediate dismissal from my position.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**RETURN THIS CONTRACT TO THE CSB/SJU STUDENT EMPLOYMENT OFFICE.**

**\*This contract remains valid for the length of your enrollment at CSB or SJU.**