WORK-STUDY PROGRAM
STATEMENT OF COMPLIANCE

STUDENT NAME:_____ ID# G00_____

STUDENT STATEMENT

1. **I will** contact my supervisor as soon as I know that I will be late or absent.
2. **I will** not work more than my assigned hours per week, or exceed my total allocated hours for the 2013-14 academic year and **agree** that any hours I work in excess of the total assigned to me, may be considered **volunteer work and I may not be paid for these hours.**
3. **I will** work the days and times I am scheduled: and will arrange with my supervisor any changes that may be necessary.
4. **I will** be responsible in maintaining a record each month and fill out my timesheet accurately.
5. **I will** accept the responsibilities of my job and will adhere to the confidentiality of the job and the department.
6. **I will** communicate with openness with my supervisor and co-workers whenever I feel that an instruction or assignment needs clarification or when any misunderstanding may arise.
7. **I will** comply with agency/department dress code.
8. **I will** notify the Work Study Coordinators if I get hired for unsubsidized employment.
9. **I will** maintain continuous enrollment in a minimum of 6 units as a condition of the Work-Study program.
10. **I will** maintain Satisfactory Academic Progress Standards or follow my Academic Plan (if applicable) each semester as a condition of the Work-Study program.

In compliance with IVC Work-Study Program procedures, I understand that Work-Study awards are contingent on available funding and may be reduced at any time. In addition, I understand that student employment is temporary in nature and no contract of employment has been offered or received. I understand that student employment is contingent on ICCD Board approval and may be terminated at any time for any reason. Furthermore, I understand that Federal Work-Study earnings are taxable and must be reported to the IRS if I am required to file a tax return. **Finally, I understand that student employment does NOT constitute "employment" for purposes of Unemployment Insurance Coverage under the provisions of Section 642 of the UI Code.**

My signature certifies that I have read, understood and agree to the responsibilities outlined above.

_____ _____
Student signature **Date**

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SUPERVISOR STATEMENT

In compliance with IVC Work-Study Program procedures, any student working under my supervision **will not exceed** the total hours awarded and a record of time worked will be maintained by the department for a period of 3 years. I understand that Work Study hours may be decreased/increased by Imperial Valley College based on the availability of funds. I, also, understand that if my assigned student(s) exceed their Work-Study hours, my department will be required to pay those wages from Agency / Department funds.

_____ _____ _____
Supervisor Signature **Agency /Department** **Date**

Supervisors – Submit to WS Coordinator