



2019-2020 Off-Campus Student Employment Offer (SEO) The University of the Arts Work Study Program

Student Name: _____

Student ID #: _____ Phone Number: _____

UArts email: _____ Date of Birth: _____

I understand that this is a student employment offer and by signing this form I agree to abide by all of the regulations governing the student employment programs at The University of the Arts. I understand that if I violate any regulations I will be subject to termination from this position.

(See the Student Employment Handbook: <http://www.uarts.edu/admissions/student-information>)

I agree that the record of my hours worked will represent only those hours actually worked by me completing tasks for the employing department under the direction of my supervisor. I understand that fraudulently completed time records are grounds for permanent termination from the student employment programs, loss of all financial aid, disciplinary action that may include expulsion, as well as, possible prosecution.

Student Employment Handbook _____ Workman's Compensation Letter Received (Initial) _____

Student Signature: _____ Date: _____

Work Study Supervisor Section

Student's Job Title: _____

Work Location: _____

Supervisor Name (please print) : _____

Supervisor Phone Number: _____ email: _____

All positions require basic positive employment habits including but not limited arriving for work on time, dressing appropriately, the ability to follow directions, and satisfactory completion of assigned tasks. Supervisor, please circle the student's skill level and requested wage amount below. **Student's skill level and wage amount is subject to review and final approval by the Student Employment Coordinator in Student Financial Services.**

Skill Level 1	Skill Level 2	Other
\$8.75	\$9.50	\$_____ ._____

I have accepted the above named student for employment in organization. I agree to supervise the student in accordance with all of the regulations governing the student employment programs at The University of the Arts (**see the Student Employment and Supervisor's Handbooks**). I agree to record the hours the student works and to submit those records to the Student Employment Coordinator in Student Financial Services.

Supervisor Signature: _____ Date: _____

Financial Aid Office Use Only

Federal Work Study Institutional Work Study

Entered Date _____ FAO Signature _____