



COLLEGE OF THE SEQUOIAS

Student Worker Agreement

Sequoias Community College District
 915 S. Mooney Blvd.
 Visalia, CA 93277

STUDENT
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SUPERVISOR

Student's Name:				Social Security No.:	
Temporary Employment Period	Beginning Date:			Ending Date:	
Hourly Rate (Minimum Wage):	15.50	Supervisor (Worksite):			
Job Description (Be Specific):					
Job Title:	Student Worker	Address:			Phone:

I agree to adhere to the plan as developed for me with the employer and supervisor shown above. I further agree to adhere to all employer rules and regulations relative to the training provided. **I have read the SCCD Student Employment Handbook** and understand all established policies. I will allow College of the Sequoias to discuss, share, and release all of my confidential academic, financial aid and work related information (GPA, financial aid status, work history, etc.) with my work-site supervisors. I am currently enrolled in 6.0+ units at Sequoias Community College District. I understand that if I drop below 6.0 units during the semester in which I am employed, I will no longer be able to work as a student worker at the District and my hours shall be considered volunteer hours with no financial aid/work study compensation.

I further understand that I am being hired as a student worker with no job rights regarding continued employment from semester to semester or year to year. I could be terminated at-will by Sequoias Community College District and no other agreements or promises have been made. If terminated, I may not be rehired within another department at Sequoias Community College District. All projected hours listed below are contingent upon my job performance and do not signify permanent employment status. I am not and will not be eligible to receive fringe benefits from Sequoias Community College District.

STUDENT
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Student's Signature:				Date:	
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SUPERVISOR

Supervisor's Name:				Title:	
I agree to adhere to the policies and regulations established by Sequoias Community College District, along with all Federal and State laws regulating employment. I have read the SCCD Student Employment Handbook and understand all requirements.					
Supervisor's Signature:				Date:	

Optional Budget Information								
<i>(Projected Hours Pending Job Performance and Student Eligibility)</i>								
	Hours Per Week	Hourly	Total	FWS	CWWS	EOPSWWS	District	Total
Hours During School								
Fall		15.50	\$					\$
Spring		15.50	\$					\$
Hours During Breaks								
Summer		15.50	\$					\$
Christmas		15.50	\$					\$
Spring		15.50	\$					\$
Total Projected Wages & Fixed Award			\$					\$