

**STS**

<b>Payroll Office Use Only</b>	____New Hire ____Rehire
SUNY ID #	Line #
N	

**STUDENT TEMPORARY SERVICE AGREEMENT**

**Student name:** \_\_\_\_\_ **Department:** \_\_\_\_\_

Effective date: \_\_\_\_\_ End date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Rate per Hour: \$ \_\_\_\_\_ Hourly Stipend Total Amount: \$ \_\_\_\_\_

Account #: \_\_\_\_\_

**STUDENT EMPLOYEE**

I agree that I:

- Understand my duties, responsibilities, and rights as explained by my supervisor.
- Must provide a day's work for a day's pay.
- Must report to work on time each day I am scheduled to work.
- Must notify my supervisor in advance if I am going to miss work or be late.
- Must only record time worked on my timesheet and submit it to my supervisor for approval.
- Must refer to the payroll calendar for timesheet pay periods, submission deadlines and paycheck dates.
- Understand I may be terminated for reasons that include but are not limited to: continual lateness or absence, poor work performance, violations of confidentiality, stealing, and dishonesty (including falsifying time sheets).

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student telephone number(s): \_\_\_\_\_

Student e-mail address: \_\_\_\_\_

**SUPERVISOR**

I agree:

- To employ the student named here to work for me under the Student Temporary Service program for the number of hours and timeframe indicated.
- The student was selected and will be assigned duties and otherwise treated without regard to race, color, religion, national origin, sex, sexual orientation, age, disabilities, marital or parental status.
- That I will adhere to the College's policies and procedures related to completion of pre-employment documentation for the student, submission of timesheets, and termination procedures.
- The student will work for no more than **29 hours per week**.
- The student will earn the current New York State minimum wage rate per hour, unless otherwise approved by the Fund Custodian \_\_\_\_\_ (initials) and Vice President for Administration & Finance \_\_\_\_\_ (initials).

Supervisor name: \_\_\_\_\_ Supervisor signature: \_\_\_\_\_

Supervisor e-mail address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

Fund Custodian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President for Administration & Finance: \_\_\_\_\_ Date: \_\_\_\_\_