



To: College Work-Study Supervisors & Students
From: Harold Johnson, Work-Study Coordinator
Date: September 18, 2011
Re: Federal College Work-Study Program Procedures

Please be advised that work-study assignments will begin on Monday, October 3, 2011 and will end on Friday, May 4, 2012. To ensure that the program runs smoothly, note the following procedures:

1. All supervisors must complete the appropriate items on the work-study contract for each student. The contract must be returned immediately to avoid delay in receiving student assignments and must be **approved before a student is allowed to work. Any work done prior to the signing of a work-study contract will not be paid.**
2. We strongly encourage all supervisors to conduct an interview with each student to ensure they meet the needs in your area. All students will be informed that they will be interviewed.
3. Supervisors must ensure that students do not exceed their awarded work-study hours by maintaining calculated timesheets to determine the amount of hours remaining. Students who exceed their award will **not** receive pay under Federal Work-Study Guidelines. Supervisors will assume full responsibility for students who exceed their hours.
4. **Students are not permitted to work more than 10 hours per week. Students cannot work during scheduled class times.**
5. Failure to approve hours worked by the student will result in a delay of pay. The supervisor's signature certifies that the student has worked and performed duties in accordance with guidelines.
6. Supervisors will be responsible for submitting student's times on the date they are due. **NO EXCEPTIONS!** Any delays will prevent the student from getting paid.
7. **Work hours that are approved after the due date will not be processed until the next pay period. This will be strongly ENFORCED.**
8. The coordinator will conduct on-site visits to verify the information submitted on the Job Description Form and to discuss any work-study concerns. You may request additional visits.

VIOLATIONS MAY RESULT IN TERMINATION AND/OR REASSIGNMENT OF STUDENTS FROM YOUR AREA.

Thank you in advance for your cooperation in assisting us to strengthen our work-study program. If you have any questions, feel free to contact me at ext. 2302.



DIRECT DEPOSIT

AUTHORIZATION FORM

How Direct Deposit works –

The Pennsylvania State System of Higher Education notifies your financial institution electronically of the funds to be deposited on your behalf. Your financial institution records this transaction into an account of your choice, creating immediate access on the day of deposit. You receive an earnings statement documenting this payment. If you desire to make a direct deposit to more than one institution, you must complete a form for each institution. Only one deposit can be made to one account at each institution.

- ✓ ***It's convenient*** -saves you a trip to the bank.
- ✓ ***It's faster*** - most banks post the funds to your account at the beginning of the day's business on payday allowing immediate access
- ✓ ***It's safer*** – Direct Deposit eliminates the worry of a lost or stolen paycheck
- ✓ ***It's confidential*** – funds are automatically processed and you can instruct the bank to apply them to your savings or checking account

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Name _____ Social Security Number _____

I hereby authorize the Pennsylvania State System of Higher Education to **(circle one) Start / Change / Stop** total bi-weekly payroll deduction to the Financial Institution shown below. You may designate any bank, savings and loan association, or credit union in the U.S. that (1) is a member of the Federal Reserve System and (2) accepts electronic funds transfer. Payroll will notify you if the institution you choose does not qualify.

Financial Institution's Name _____

Transit Routing Number _____

Account Number _____

Type of Account _____
(Checking or Savings)

Deduction Amount _____
(Dollar Amount)

Effective with pay date of _____

I have an established account at the Financial Institution indicated above, and authorize the Pennsylvania State System of Higher Education to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above. I have provided a copy of a voided check (see attached) solely for the purpose of verifying my account number and the Financial Institution's routing number. My authorization will remain in effect until revoked by me in writing or I terminate my employment with the Pennsylvania State System of Higher Education.

Signature _____ Date _____

Co-Signature (If Joint Account) _____



Cheyney University Student Employment Confidentiality of Information and Records Agreement

"FERPA" stands for Family Educational Rights and Privacy Act (also known as the Buckley Amendment). FERPA governs disclosure of student education records and grants five specific rights to current and former students:

- the right to inspect their own education records;
- the right to prevent disclosure of their own education records;
- the right to seek amendment to their own records if they are inaccurate or misleading, and in certain cases append a statement to their records;
- the right to be notified of their privacy rights under FERPA; and
- the right to file a complaint with the U.S. Department of Education in Washington concerning an alleged failure by the University to comply with FERPA.

I, _____ [student-employee name], hereby agree to preserve the confidentiality of any and all records that I view or have access to during the course of my employment with the Cheyney University _____ [office or department name].

I understand that records may be confidential by virtue of the Pennsylvania "Right to Know Law of 1957, the Family Educational Rights and Privacy Act (20 U.S.C. 1232g), and other laws.

Under these privacy laws, I may not disclose information about either University employees or University students, unless I am certain that a provision of the law allows disclosure in particular circumstances.

If I am in doubt about the confidentiality of any record or my ability to legally disclose information, I agree to consult with my supervisor (who in turn may consult with Legal Counsel) before disclosing any student or employee information.

This agreement is given in consideration for my continued employment in the student employment program with the _____ [office or department]. I understand that any violation of this agreement, destruction of records, or abuse of any privilege afforded to me as a student employee may result in disciplinary action as deemed appropriate by the department and in some instances the VP of Student Affairs. The terms of this agreement remain in affect during and after my employment.

Supervisor's Name (print) _____ Department's Name _____

Supervisor's Signature _____

Student's Signature _____ Date _____

Supervisors please copy, give a copy to your student employee, and retain a copy for your records.

Thank you.



RESIDENCY FORM

EMPLOYEES ARE REQUESTED TO PROVIDE THE FOLLOWING INFORMATION. PLEASE PRINT

PART I

NAME (LAST, FIRST, MIDDLE INITIAL)

SOCIAL SECURITY NUMBER

- -

PERMANENT REDIDENCE

AUTHORIZED SIGNATURE

1. STREET, PO BOX OR R.F.D NO.

SIGNATURE

2. COUNTY

ZIP CODE

DATE SIGNED

3. MUNICIPALITY (COMPLETE ONLY ONE BELOW)

CITY_____

STATE_____

BOROUGH_____

STATE_____

TOWNSHIP_____

STATE_____