



LAST NAME	LEGAL FIRST NAME	STUDENT ID

DEPARTMENT	SUPERVISOR	HOURLY RATE \$

**I. STUDENT CERTIFICATION**

I accept this offer of employment for the 2022-23 school year. I understand that my eligibility to work is determined by the Financial Aid Office. I must make satisfactory academic progress and be enrolled at least halftime in order to be employed. If employed under the Federal Work Study Program, this will be included in my financial aid package. Until I have submitted the required paperwork to the Payroll office, my Doane University employment is not final.

**I have read and understand the employment policies and procedures as presented in the Financial Aid Newsletter and Student Employment Handbook found online.**

**I understand that I cannot work during my scheduled class hours.**

STATEMENT OF UNDERSTANDING OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

I understand that by the virtue of my employment with Doane University, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Doane University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

STUDENT SIGNATURE	DATE

**II. SUPERVISOR CERTIFICATION**

I intend to hire/rehire the above student as an employee for the 2022-23 school year. The Financial Aid Office makes the final determination of the student's eligibility for Federal Work Study or regular part-time Campus Employment. I understand that, as a supervisor, I am responsible for monitoring my employee budget and adjusting work hours accordingly. I further understand that as the supervisor, I am required to verify the student's hours worked on the time keeping system. Furthermore, I understand if a student has multiple student employment positions this could impact the number of hours the student is able to work. I have read and understand the employment policies and procedures as presented in the Student Employment Handbook found online.

SUPERVISOR SIGNATURE	DATE
GL CODE:	