

CAMPBELL UNIVERSITY

2016/2017

Federal College Work Study Contract

Student Name: _____

ID#: _____

Maximum Hours: Summer II _____ Fall 103 hrs Spring 103 hrs Summer I _____

Amount Approved: Summer II _____ Fall \$750 Spring \$750 Summer I _____

Statement of Agreement

- I accept employment with Campbell University under the Federal Work Study program and understand that my employment is based upon meeting eligibility requirements for the Federal Work Study program.
- I agree to abide by the Campbell University code of conduct at all times. In addition, I agree to follow specific guidelines required by the department that hires me relative to attire, attendance, conduct, demeanor, confidentiality, etc.
- I agree to perform all work assigned to me to the best of my ability and to work as scheduled, or to inform my supervisor/department head of anticipated absences under normal circumstances.
- I understand that failure to adhere to the above guidelines will be just cause for my termination from this work study assignment and possibly revocation of my Federal Work Study eligibility altogether.

Student's Signature

Date

Department Use Only: Attn: Department-Please make a copy of this form if needed for dept. use

Name of Department

10-0-_____ -51201-0
Department Budget Code

Dept. Contact Person & Phone Extension

Student's Specific Position/Task in Department

Department Head Approval Signature

Human Resources/Payroll Use Only: Please Initial

Banking Rec'd by: _____

Date: _____

I-9 Info Rec'd by: _____

Date: _____

COMPLETED CONTRACT MUST BE RETURNED TO OFFICE OF FINANCIAL AID

Student ID: _____

**2016/2017
CAMPBELL UNIVERSITY
STUDENT WORKER
CONFIDENTIALITY AGREEMENT**

DURING YOUR WORK AS A _____ FOR CAMPBELL
UNIVERSITY SCHOOL/DEPARTMENT OF _____

YOU MAY SEE, HEAR, OR READ INFORMATION OF AN EXTREMELY CONFIDENTIAL NATURE. IT IS IMPERATIVE THAT ALUMNI, FACULTY, CURRENT STUDENTS, AND PROSPECTIVE DONORS KNOW THAT CAMPBELL UNIVERSITY AND ITS EMPLOYEES WILL RESPECT THE CONFIDENTIAL NATURE OF THIS INFORMATION.

**UNDER NO CIRCUMSTANCES ARE YOU TO DIVULGE ANY OF
THE FOLLOWING INFORMATION TO ANYONE:**

1. PERSONAL OR IDENTIFYING INFORMATION ABOUT STUDENTS, ALUMNI OR OUR EMPLOYEES (SUCH AS NAMES, EMAIL OR PHYSICAL ADDRESSES, PHONE NUMBERS, OR IDENTIFYING NUMBERS SUCH AS A STUDENT ID OR SOCIAL SECURITY NUMBER) WILL NOT BE RELEASED TO PEOPLE NOT AUTHORIZED BY THE NATURE OF THEIR DUTIES OR IN ACCORDANCE WITH LAW OR REGULATION TO RECEIVE SUCH INFORMATION, WITHOUT WRITTEN CONSENT OF YOUR SUPERVISOR.
2. ALL MEMORANDUMS, NOTES, REPORTS OR OTHER DOCUMENTS CREATED ABOUT A STUDENT, ALUMNI, OR EMPLOYEE WILL REMAIN PART OF CAMPBELLS CONFIDENTIAL RECORDS.

IF THE UNIVERSITY BECOMES AWARE OF A BREACH OF CONFIDENTIALITY, YOU WILL BE SUBJECT TO IMMEDIATE TERMINATION OF YOUR EMPLOYEMENT. BY SIGNING THIS STATEMENT, YOU AFFIRM THAT YOU HAVE READ AND UNDERSTAND THIS STATEMENT AND AGREE TO ABIDE BY THE INFORMATION.

SIGNATURE

PRINTED NAME

WITNESS

DATE

AGREEMENT MUST BE RETURNED TO OFFICE OF FINANCIAL AID