



## Work-Study Referral Contract Form 2023-24 award year

Please print, complete and sign the referral contract form only when the student has completed all paperwork with Human Resources. Return completed contract by intercampus mail, fax or scan this contract to:

Marina Middleton — Financial Aid  
Fax 541-383-7506 : Email mmiddleton3@cocc.edu  
Phone 541-383-7263 if you have questions

### Student Information and Signature

Student name printed \_\_\_\_\_

COCC ID number \_\_\_\_\_

I understand and agree to work for the below named department. I also understand that it is my responsibility to maintain a record of time worked and submit my hours worked during any pay period by the appropriate payroll deadlines. I further understand that this contract will expire on the below date and the Work-study Coordinator may terminate it at any time. I hereby certify that I have read this statement and fully understand the expectations of my employment.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

### Department Information and Signature

Direct FWS mentor name \_\_\_\_\_

Department \_\_\_\_\_

Phone \_\_\_\_\_

Designated department contact name \_\_\_\_\_

Phone \_\_\_\_\_

\* Contract amount: \$ \_\_\_\_\_  
(Amount of student award your department will be using)

\* Hourly Wage:     minimum wage (\$14.20)     other: \_\_\_\_\_

\* Did the student work in your department during 2022-2023?     Yes     No

\* Job Title: \_\_\_\_\_  
(Job title must be exactly what the job description states)

\* This contract is for the following term(s):  
 Summer     Fall     Winter     Spring  
07/01/23 - 09/03/23    09/25/23 - 12/17/23    01/08/24 - 03/24/24    04/01/24 - 06/16/24

I understand the student listed above will be paid from FWS funds for those hours worked as an eligible student and only if he/she has unearned funds remaining. I understand it is the joint responsibility of my department and the student to insure that no excess hours are worked. If an ineligible student submits hours, I understand that it will be the responsibility of the department to compensate for these hours. I agree to obtain hours worked during any pay period by the appropriate payroll deadline so that the student will be paid according to COCC Policy. I agree to provide adequate supervision and to assure that the student will be paid only for the hours actually worked.

For FWS Coordinator

Payroll suffix:

FWS supervisor signature \_\_\_\_\_

Additional signatures (optional) \_\_\_\_\_