

**FEDERAL WORK-STUDY (FWS) EMPLOYER/STUDENT AGREEMENT**

**FWS EMPLOYER:**

Department Name \_\_\_\_\_ Home Department Org ID \_\_\_\_\_

FWS JOB # \_\_\_\_\_ PSoft Dept # (6 digits) \_\_\_\_\_

I have interviewed and wish to hire the following FWS student: \_\_\_\_\_

**Student's Printed Full Name**

I have read the FWS Policies and agree to fulfill my responsibilities as a FWS supervisor. I understand that failure to comply with Federal and/or University regulations may cause me to forfeit my FWS position.

\_\_\_\_\_  
FWS Supervisor's Signature FWS Supervisor's Printed Name Date

\_\_\_\_\_  
FWS Supervisor's Extension & Pager # FWS Supervisor's UTMB E-mail Address

\_\_\_\_\_  
HCM Department Contact HCM Departmental Contact Extension

**FWS STUDENT:**

I have read the FWS Policies and agree to fulfill my responsibilities as an employee. I have interviewed and agree to work with the department listed above. I understand that failure to comply with Federal and/or University regulations may cause me to forfeit my FWS position.

\_\_\_\_\_  
FWS Student's Signature Date Student PID #

\_\_\_\_\_  
FWS Student's UTMB E-mail Address FWS Student's Home Phone #

\_\_\_\_\_  
FWS Student's Pager # FWS Student's Cell Phone #

I do \_\_\_\_\_ do not \_\_\_\_\_ have another UTMB appointment as an employee. The other UTMB appointment is with:

\_\_\_\_\_ in \_\_\_\_\_ and their extension is X \_\_\_\_\_.  
Other Supervisor's Name Department Name

I am a UTMB student in the following school: \_\_\_\_\_ GSBS \_\_\_\_\_ SAHS \_\_\_\_\_ SOM\* \_\_\_\_\_ SON

+ FWS students that are to be a Rosenberg Elementary School Tutor must have this form also signed by Dr. Beverly Bubenik, from Rosenberg Elementary School. This gives her approval for the FWS student to be a tutor at Rosenberg Elementary School for the 2008-09 school year.

\_\_\_\_\_  
Signature of Dr. Beverly Bubenik Date

\* First year School of Medicine students are not eligible to obtain a FWS job. Second, third, and fourth year School of Medicine students must obtain the approval of Lauree Thomas, M.D., Associate Dean for Student Affairs and Admissions, School of Medicine. This form must be signed by Dr. Thomas allowing the School of Medicine student to obtain a FWS job. Dr. Thomas is located in Old Shriner Burns building on the Third Floor, Room 3.416.

I approve this School of Medicine student to obtain a FWS job for the 2009-10 school year.

\_\_\_\_\_  
Signature of Lauree Thomas, M.D. Date

Upon completion of this agreement form, the student must submit this form to Enrollment Services in Jamail Student Center on the Second Floor, Room 2.110 to begin the FWS hiring paperwork. Once Enrollment Services enters this data, the FWS student's supervisor and HCM department contact will receive instructions by e-mail on how to proceed with the FWS hiring paperwork. The FWS student should proceed to the Benefits Services office in Human Resources with their completed "New Employee Packet" and their I-9 documents so they can complete the initialization process and their pre-employment drug screen as part of the hiring process. The Benefits Services office is in the Administration Building, Second Floor, Room 2.208 and is open Monday through Friday from 8 am to 5 pm.

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Enrollment Services' Office Use Only: Person # \_\_\_\_\_ Hrly Wage \$ \_\_\_\_\_ 75% \$ \_\_\_\_\_ 25% \$ \_\_\_\_\_

Position # \_\_\_\_\_ Level \_\_\_\_\_ Community Service \_\_\_\_\_ Start Date \_\_\_\_\_

HR's Pre-employment Clearance \_\_\_\_\_ 090 Hired \_\_\_\_\_ FWS Award \$ \_\_\_\_\_ Posted to Regent \_\_\_\_\_

E-mailed FWS student, FWS supervisor, HCM departmental contact Authorization to Work: \_\_\_\_\_