

UNIVERSITY OF NEW HAVEN

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FEDERAL WORK STUDY COMMUNITY SERVICE AGREEMENT

This agreement is entered into between the University of New Haven and _____ for the purpose of providing work to students eligible for the Federal Work Study Program (FWS).

Upon hiring, work authorization forms for each student need to be completed and returned to the Financial Aid Office. Work Authorization Forms include a brief job description, the total number of hours the student can work, the hourly rate of pay and the dates of employment.

Students will be made available through the University of New Haven to perform specific work assignments. Students may be removed from their assignments by the request University of New Haven, either on its own accord or at the request of Community Service workplace. The afore mentioned community service center agrees that no student will be denied work or subjected to different treatment under this agreement on the grounds of race, color, nationality or sex. It further agrees to comply with the provisions of the Civil Rights Act of 1964 (Pub. L. 88-352;78 Stat. 252) and Title IX of the Education Amendments of 1972 (Pub. L. 92-318) and the Regulations of the Department of Education which implement those Acts.

Transportation for student workers to and from their work assignments will not be provided by the University of New Haven.

The University of New Haven is considered the employer for the purposes of this agreement. It retains the right to control and direct the services of the students for _____. It also has the responsibility to determine whether the students meet the eligibility requirements for employment under the FWS program and assign students to work in community service.

Students will be compensated by the University of New Haven under the FWS program. Verification of work performed by the student will be completed by the host workplace by mailing or faxing weekly time sheets to the Financial Aid Office. The time sheets must contain a supervisor's signature to certify the accuracy of hours reported.

I have read and understood this agreement along with the University of New Haven's policies and procedures for supervisors of the student employment program.

Signature _____ Title _____ Date _____

University of New Haven Coordinator's Signature _____ Title _____ Date _____