

STS

Payroll Office Use Only	___New Hire ___Rehire
SUNY ID #	Line #
N	

STUDENT TEMPORARY SERVICE AGREEMENT
Academic Year 2023-2024

Student name: _____ **Department:** _____

Effective date: _____ End date: _____ Hours Per Week: _____

Rate per Hour: \$ _____ Hourly Stipend Total Amount: \$ _____

Account #: _____

STUDENT EMPLOYEE

I agree that I:

- Understand my duties, responsibilities, and rights as explained by my supervisor.
- Must provide a day's work for a day's pay.
- Must report to work on time each day I am scheduled to work.
- Must notify my supervisor in advance if I am going to miss work or be late.
- Must only record time worked on my timesheet and submit it to my supervisor for approval.
- Must refer to the payroll calendar for timesheet pay periods, submission deadlines and paycheck dates.
- Understand I may be terminated for reasons that include but are not limited to: continual lateness or absence, poor work performance, violations of confidentiality, stealing, and dishonesty (including falsifying time sheets).

Student signature: _____ Date: _____

Student telephone number(s): _____

Student e-mail address: _____

SUPERVISOR

I agree:

- To employ the student named here to work for me under the Student Temporary Service program for the number of hours and timeframe indicated.
- The student was selected and will be assigned duties and otherwise treated without regard to race, color, religion, national origin, sex, sexual orientation, age, disabilities, marital or parental status.
- That I will adhere to the College's policies and procedures related to completion of pre-employment documentation for the student, submission of timesheets, and termination procedures.
- The student will work for no more than **29 hours per week**.
- The student will earn the current New York State minimum wage rate per hour, unless otherwise approved by the Fund Custodian _____ (initials) and Vice President for Administration & Finance _____ (initials).

Supervisor name: _____ Supervisor signature: _____

Supervisor e-mail address: _____ Phone #: _____ Date: _____

Fund Custodian's signature: _____ Date: _____

Vice President for Administration & Finance: _____ Date: _____