



### WORK-STUDY SUPERVISOR COMPLIANCE FORM RULES, REGULATIONS, AND RESPONSIBILITIES

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Please read each statement carefully and initial your understanding against each. The following is a list of policies for work-study supervisors. Failure to comply with any of the policies will result in termination and cancellation of your Federal/State work-study student worker.

1. \_\_\_\_\_ I will not allow my student worker (s) to start work until the completed Personnel Action Form Packet (PAF) has been submitted to and received by the Office of Student Financial Assistance.
2. \_\_\_\_\_ I will maintain a signed/updated copy of my student workers' official class/work schedule on record at all times. Any changes should be reported to the Office of Student Financial Assistance immediately.
3. \_\_\_\_\_ I will provide clear and concise work instructions daily to my student worker(s) for clarity of the work assignment(s) given and expected completion times and dates.
4. \_\_\_\_\_ I will provide instructions to the student of the appropriate dress code/office attire while employed by this office.
5. \_\_\_\_\_ I understand that work-study students are not allowed to work during holidays, breaks, etc. unless prior written notification is submitted to the Office of Student Financial Assistance and clearance/approval is granted for the proposed extenuated work dates.
6. \_\_\_\_\_ I understand that the Federal and State College Work-Study Programs are grant-based programs; the monies available have to be "earned" by the student(s); free money and/or monetary favors should not be paid to any student haphazardly. Any Supervisor found out-of-compliance in this regard will be immediately cancelled from the program.
7. \_\_\_\_\_ I understand that **students will not be paid for time claimed during designated class periods – such action is out-of-compliance**. I acknowledge that it is my responsibility to ensure that my student worker(s) does/do not claim time worked during scheduled class periods. I understand that I should refer to the Student Work/Class Schedule to determine possible violations. I will make adjustments to the students' web-time accordingly, if out-of-compliance is determined.
8. \_\_\_\_\_ I understand that the Office of Student Financial Assistance should be contacted immediately if any student expresses his/her desire to resign from my area or is proposed for termination.
9. \_\_\_\_\_ I understand that **back-pay due to missed deadline/cut-off dates will be forfeited for the payroll month**; I further understand that payroll not reported as scheduled will be regarded as time not worked by the student – this is the interpretation of the Office of Student Financial Assistance. I concede that any subsequent compensatory action sought by the student will be the responsibility of my department for the respective pay period.

UPDATED: 25APR2012

**Please send your documents to:**  
Texas Southern University  
Office of Student Financial Assistance  
3100 Cleburne Street • Houston, TX 77004



# TEXAS SOUTHERN UNIVERSITY

## Office of Student Financial Assistance

Ph: 713-313-7071 • Fax: 713-313-1859 • financialaid@tsu.edu • www.em.tsu.edu

10. \_\_\_\_\_ I understand that supervisors will be responsible for paying any earnings above the awarded amount via department funds. Web-timesheets are to be prepared efficiently and without error.
11. \_\_\_\_\_ I acknowledge the following list of items as a failure to maintain compliance with the Federal/State College Work-Study Program:
- Incomplete information (back-pay not included on web-timesheet)
  - Class Schedule Conflicts
  - Failure to submit web-time entries on or before cut-off time/date
  - Failure to check web-time entries for accuracy
  - Failure to monitor student's web-time to ensure projected time is worked
  - Failure to attend orientation and/or ad hoc work-study training sessions, as needed
12. \_\_\_\_\_ I understand that I am responsible for maintaining an accurate record of time worked daily for each work-study participant in my employ.
13. \_\_\_\_\_ I understand that I am responsible for the contents of the Work-Study Success Guide.
14. \_\_\_\_\_ I acknowledge that failure to provide my initials on each item noted above is grounds for cancellation of my work-study application.

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**I have read and fully understand the Policies for the Supervisor and Statement of Supervisor Responsibilities. I furthermore understand that failure to comply will result in employment termination and cancellation of my Federal/State College Work-Study student(s).**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

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