

**Minnesota West Community and Technical College**  
**2023 - 2024**

**Work Study Employment Contract and Employee Confidentiality Agreement**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

***Terms of Employment***

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1. The work study award listed on your award letter represents the amount you are allowed to earn during this fiscal year. Students are paid only for the hours worked. Whether or not students earn the full amount of their work study contract depends on their willingness and availability to work. Work awards may be increased only by permission of the Financial Aid Office.
2. Students are not allowed to work during scheduled class time. If class is cancelled or dismissed early, the professor must notify the Resource Specialist via email of that occurrence. Students are not to work unsupervised. Students are expected to be punctual in attendance. Individual department policies concerning absences must be observed.
3. Students will be paid every 2 weeks, provided a time sheet has been submitted to & approved by the supervisor. Time sheets are to be submitted on the date required. Any time sheet submitted after the semester it is applicable for will not be honored and the student will not be paid.
4. If a student wishes to quit work study prior to completion of the contract, the supervisor and the Financial Aid Office MUST be notified.
5. Students who are not performing according to the requirements established by the Department or set up by the Financial Aid Office are subject to termination. MWCTC assumes no responsibility to re-instate students who quit or are terminated from their jobs.
6. Students must meet the satisfactory progress requirements as stated in the Student Handbook in order to be employed through the Work Study Program.
7. By signing this form, I certify that I have received a copy of the "Student Work Study Handbook"

***Employee Confidentiality Agreement***

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*All Minnesota West Community & Technical College work study employees are asked to complete an Employee Confidentiality Agreement form prior to beginning their employment. The original copy of the signed agreement will be retained in the Campus Financial Aid Office. Supervisors and employees should each make a copy before returning the original to the Resource Specialist on their campus.*

I understand that in the course of my employment, I may have access to personnel, student or other sensitive data or information that is considered sensitive or classified private or confidential by the college, MNSCU or by the Minnesota Data Practices Act. As a condition of my employment, I agree that:

1. I will not duplicate any work related document or electronic record for my own use without the permission of the appropriate supervisor/administrator.
2. I will not retrieve, examine or alter any work related document, file or electronic record except where I am authorized to as part of my work responsibilities.
3. Except as authorized by my employment, I will not discuss the contents of a specific work related file, document or electronic record that I have access to because of my employment with Minnesota West Community & Technical College.
4. If I am unsure whether or not a particular act, matter, document, file or electronic record is covered by this confidentiality agreement, I will preserve the confidentiality of the item in question until receiving clarification from the appropriate supervisor/administrator.
5. I will not share my work computer password(s) with other persons.
6. I understand that violation of the terms or intent of this agreement will subject me to immediate termination of my work study position.

**By signing this agreement, I certify that I have read the above stated Terms of Employment, the Student Employment Information and that I accept the Student Employment Award under the conditions stated. I also certify that I have read and understand the Employee Confidentiality Agreement and will abide by its terms.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

***PLEASE RETURN THIS FORM TO THE RESOURCE SPECIALIST ON YOUR CAMPUS.***