RESPONSIBILITIES OF SUPERVISORS TO FEDERAL WORK-STUDY STUDENTS

1. I will provide training, supervision, and consistent work assignments for the Federal Work-Study (FWS) student. The Federal Work-Study program does not allow studying on the job.

2. The law school work-study student’s tasks will be legal in nature and his or her work will be overseen by an actively licensed attorney.

3. I understand that it is my responsibility to provide a mechanism for my student employee to sign in and out each work session. Student should verify and sign his/her timesheet for hours worked. I will verify and sign each student’s time reported for the assigned work period, and submit it to the Whittier Law School Payroll Office in a timely manner. I realize that failure to comply means the possible delay of the student’s paycheck.

4. I understand that the FWS program does not provide for overtime pay. (Any time worked over 20 hours per week will be charged to the employing department and student’s FWS employment may be terminated.)

5. I understand that the tasks I assign to the FWS student will be related to my official duties and such tasks will be for the benefit of the authorized off-campus, non-profit, community service agency or public agency.

6. I will report difficulties regarding FWS to Whittier Law School.

___ I have received a copy of the Whittier Law School Community Based Work-Study Employer’s Guide and agree to abide by all of the guidelines and policies outlined therein, except those involving employer contribution or cost. It is understood that the Organization’s participation is contingent upon the Institution paying the employer contribution on its behalf and that the Organization will have no monetary liability as a result of participating in this program.

Organization Name: __________________________________________________________

Supervisor Name: ____________________________________________________________

Supervisor Signature: ___________________________ Date: ________________

Institution Signature: ___________________________ Date: ________________