

Student Employment Request Form

THIS SECTION IS TO BE COMPLETED BY THE STUDENT

Student Name _____ Student ID: _____

Job Title: _____ Hourly Pay Rate: _____
(as noted on Job Description)

Student Confidentiality Agreement

By the virtue of my activity with the hiring department at Southern California University of Health Sciences (SCU), I may have access to records which may contain individually identifiable information. The disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I fully understand that the intentional disclosure of this information by me to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful and unauthorized disclosure also violates SCU's regulations. Student Code of Ethics/Honor Code and could constitute just cause for disciplinary action including termination of my activities regardless of whether criminal or civil penalties are imposed.

Student Certification and Signature

By signing this form, I certify that I have read and agree with the confidentiality agreement above. I also certify that I have been awarded work study as part of my financial aid award letter. I further understand that I am responsible for not exceeding my total work-study award as well as accurately track and report my hours in a timely manner.

Student Signature: _____ Date: _____

THIS SECTION IS TO BE COMPLETED BY THE HIRING SUPERVISOR

Supervisor Name: _____

Signing this form is acknowledgement that I am responsible for the supervision of the work-study student listed above. I also understand that the allocated department work study budget will not be exceeded. If the allocated departmental budget is exceeded, overages may be paid by the department's non-work-study budget.

Supervisor Signature: _____ Date: _____

FINANCIAL AID OFFICE USE ONLY	
Department: _____	
Award Period: _____	
Award Type: _____	Award Amount: _____
Approved: _____	Date: _____