

## STUDENT WORK CONTRACT 2010-2011

Name <i>(as it appears on Social Security card)</i>	Social Security Number
OBU ID#	FR ___ SO ___ JR ___ SR ___
Campus Address	Telephone number
Permanent Address: Street	City
	State
	Zip Code
Currently enrolled in how many credit hours? _____ International Student? Yes ___ No ___	
Are you related to anyone in the department in which you are applying? ___ Yes ___ No	
If "Yes", to whom are you related? _____ Relationship? _____	

### WORK AGREEMENT

I hereby accept employment from Oklahoma Baptist University with the understanding that the scheduling of my employment will be at the discretion of the Department and that I will be available for assignment during holiday periods, final examination week, and enrollment periods, if required. I will treat as confidential all matters communicated to me in the performance of my duties, dress appropriately and safely for the position I will fill, and fulfill my duties to the best of my ability.

Department (Org#)	Position	Supervisor	Rate

**I understand that I**

1. cannot be appointed to a position supervised by a family member without written permission of the President.
2. must complete forms W-4 and I-9 and any additional documents with HR before starting work
3. am limited to 20 hours of campus work per week and
4. must maintain at least 6 hours enrollment during spring and fall term to preserve my student worker status.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Human Resource Department	
The Human Resources Department has received forms W-4 and I-9 and the student may begin work.	
Signed _____	Date _____
Student Financial Services	
WS Eligible	Yes ___ No ___
Verified by (initial)	_____
<i>If Yes, complete the following:</i>	
Position _____	Suffix _____ Entered by (initial): _____
Position _____	Suffix _____ Entered by (initial): _____
Position _____	Suffix _____ Entered by (initial): _____