

Ready-to-Work Student Employee Job Description and Agreement

Student Name: _____ KCTCS ID: _____

Mailing Address: _____ City: _____ Zip: _____

Phone Number: _____ Other Contact: _____

Email: _____

Organization Name: _____ Supervisor: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

The organization/department must assign a site supervisor and backup who is responsible for the timely electronic approval of student's time sheets.

Job Duties:

Pay Rate: \$ _____ per hour Allowable hours per week: _____ (not to exceed 30 hours per week)

Period of employment: _____ to _____ (not to exceed six months)

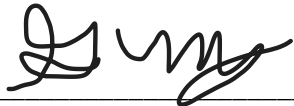
Students may not work during the Institution's annual "Institutional Closing" (a two week-period including Christmas and New Year's Day).

Weekly Work Study Plan: (may be modified at site supervisor discretion and with coordinator approval):

	IN	OUT	IN	OUT	TOTAL
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Student Employee: _____ Date: _____

Organization/Department Supervisor: _____ Date: _____

Ready to Work Coordinator:  _____ Date: _____