**Educational Stipend Contract for Non Work-Study Student Employment**

(This form must be typed or it will be returned.)

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID #:** 920- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates of Service:** From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_

**Department Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract cannot exceed 12 months

**Organization Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contract Position Number:** \_\_\_\_\_\_\_\_\_

**Total Contract Amount:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Hours to Work Each Week:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Salary is to be paid in \_\_\_\_\_\_\_ equal installments**

**The first payment is to be paid at the end of \_\_\_\_\_\_\_\_\_\_\_\_ (month).**

(For payment to be made by the end of the current month, all contract paperwork must be submitted by cutoff date posted on the Non Work-Study Student Employment website.)

**Description of Duties to be Performed:**

Attach the job description, duties to perform, and other conditions of employment to this document. **Please have the employee initial the attachments**.

**Student: Please read the contract employment conditions outlined below, as well as the attached job description, duties and other conditions. If you are in agreement to all employment conditions, sign and return this contract to the hiring department. This is not a valid contract until all final approvals have been secured.**

* I agree to the best of my ability to perform the duties and responsibilities assigned to me by the hiring department.
* I agree to be enrolled for the minimum credit hours during the school term I am employed.
* I agree not to work more than 20 hours/week, which includes all stipend and hourly jobs combined unless the department has received authorization for me to work up to 30 hours/week. I also understand that during the summer, I am permitted to work up to 40 hours/week during any session I am not enrolled in classes.
* I understand that this contract is made subject to the laws of the State of North Carolina, the requirements and policies of the University of North Carolina and the requirements and policies of this institution.
* I understand that this employment is a temporary, at-will work program and also does not make me eligible for unemployment insurance.
* I understand my employment with Western Carolina University is contingent upon completion of all required employment paperwork including Employment Eligibility Verification Form (Form I-9) to certify work eligibility and that this contract becomes void if I fail to provide the required I-9 documentation.
* I understand the method of payment at Western Carolina University is through direct deposit to a checking, money market or savings account and agree to complete the proper paperwork to establish this.
* I agree to abide by the terms and conditions of this contract, as well as, the attached document. (**Please initial any attached document**.)
* If I am unable to fulfill the terms and conditions of this contract, I agree to notify my supervisor immediately, terminate my employment, and repay the University any unearned wages prorated in accordance with the policies of Western Carolina University.

**Student’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Dept Budget Accountable Officer:** (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dept Budget Accountable Officer:** (sign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Separation Information:** If full terms of the contract cannot be fulfilled, the supervisor is to complete a Contract Student Personnel Action Request form and submit to the Career Services office by the cutoff date posted on the HR website. Since contract payments are made automatically, it is imperative that termination paperwork is submitted as soon as possible.

**Center for Career and Professional Development 150 Reid Building 828-227-3888** [**careers.wcu.edu**](http://www.wcu.edu/27420.asp)