



2020–2021 Federal Work-Study Department Agreement

Department _____ Cost Center # _____ Organization # _____

EPAF Approver _____ Telephone # _____

On behalf of the department listed above, I hereby attest that I understand and agree that:

1. My department will ensure that Federal Work-Study (FWS) students do not begin work until an authorized Electronic Personnel Action Form (EPAF) has been approved by the Office of Financial Aid and Human Resources.
2. My department will comply with all federal, state, and local employment laws and regulations, as well as Drexel University's policies and procedures located at drexel.edu/hr/resources/policies.
3. My department will ensure that work-study students do not work during scheduled class hours.
4. I understand that the maximum hours Federal Work-Study students can work is 20 hours per week during class time and 40 hours per week during summer break. My department will ensure that my work-study students do not work more than 20 hours per week during class sessions. We will communicate this to my work-study students to ensure they understand that they must monitor their earnings in order to not exceed their Federal Work-Study award.
5. My department will also monitor work-study students' hours and earnings and will not allow them to earn more than they have been awarded. If they earn more than their award, the overage will be charged to my department's cost center.
6. The Fair Labor Standards Act (FLSA) of 1938 prohibits employers from accepting voluntary services from any paid employee. Therefore, any work-study student employed under the Federal Work-Study program must be paid for all hours worked. Additionally, work-study students can only be paid for hours that they actually worked. Vacation, sick, and holiday compensation is not allowed.
7. My department understands that we are responsible for work-study students' pay if they are not terminated in a timely manner.
8. My department understands that overtime hours (i.e., anything over 40 hours) will be charged to the department.
9. My department will terminate a work-study student for the following reasons:
 - The work-study student reaches or exceeds FWS funding awarded to them.
 - The work-study student is scheduled to leave the University (i.e., co-op, graduation, etc.).
10. My department will clearly outline the duties and responsibilities of the job, as well as the expectations for performance.
11. My department will verify that all time reported by the work-study students is accurate and will endorse all printed EPAFs submitted if necessary. I (we) will ensure that the person approving the work-study students' time has direct knowledge of the hours worked.
12. My department will notify Human Resources immediately if a work-study student is injured on the job.
13. This agreement will take effect for one academic year upon its receipt by the Office of Financial Aid.
14. I understand that the Federal Work-Study Supervisor Handbook, which is located on the Drexel Central website, provides additional work-study information.

By signing below, I acknowledge that I have read, understand, and agree to the above agreement and take responsibility to make all work-study employees working in my department aware of the items listed, by either posting the policies in my department or discussing such items when hiring a work-study student. I also attest I have viewed and understand the supervisor training.

EPAF Submitter/Approver Signature _____ Date _____

Print Name _____