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# FWSP ASSIGNED SCHEDULE AND EMPLOYMENT AGREEMENT

FWSP Employer: \_\_\_\_\_

Address: \_\_\_\_\_

LOCATION:  M-1293  B-W81  B-L151  B-P383  FL-3909  B-A316  
 Other: \_\_\_\_\_

Department: \_\_\_\_\_

Manager: \_\_\_\_\_

Manager's Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

FWSP ASSIGNMENT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

AWARD AMOUNT: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_

WEEKLY HOURS:  10  15  20  Other: \_\_\_\_\_

| WEEKLY SCHEDULE          | DAY                      |           | TIME IN                  |                          | TIME OUT                 |                          |
|--------------------------|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|
|                          | <input type="checkbox"/> |           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |                          | Monday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |                          | Tuesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |                          | Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |                          | Thursday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> |                          | Friday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**UNLESS APPROVED IN ADVANCE BY DIRECTOR OF FINANCIAL AID DEPARTMENT, YOU WILL NOT BE PAID FOR AMOUNT EARNED IN EXCESS OF "FWSP AWARD AMOUNT" SPECIFIED ABOVE. BE SURE TO MONITOR YOUR EARNINGS THROUGHOUT YOUR EMPLOYMENT PERIOD.**

- I received FWSP student-employee job description and explanation of job duties that I have to perform, while working as FWSP Student-Employee.
- I understand that I can work only during hours for which I have no classes scheduled.
- I received and accept my weekly work schedule and will inform my immediate supervisor if there is a need to change it. I will inform FWSP FA Supervisor with any changes in my work schedule.
- By the end of a work week I will provide my immediate supervisor with my timesheets to be approved, so I will get paid on pay date for the pay period I worked.
- I understand that I will be treated as any other employees of ASA and that my inappropriate corporate/business behavior, deviation from assigned schedule, tardiness, etc., will be reprimanded and can lead to employment termination.

I accept Federal Work-Study schedule, rules and regulations provided.  
 I decline Federal Work-Study schedule, rules and regulations provided.

Student Name (Last, First): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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