



# *Tiger Employer*

Federal Work-Study Program

## **SUPERVISOR'S HANDBOOK**

- Memorandum
- QUICK-START REFERENCE GUIDE
- FWS Supervisor Certification Form
- Work-study Request Form
- Student Employee Job Description Form
- Confidentiality Form
- Termination/Transfer Form
- Interview Form



*Coahoma Community College*

3240 FRIARS POINT ROAD, CLARKSDALE, MISSISSIPPI 38614, 662-627-2571

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## OFFICE OF STUDENT EMPLOYMENT

Phone: (662) 621-4204

Fax: 662-621-627-7871

Email: [cdixon@coahomacc.edu](mailto:cdixon@coahomacc.edu)

## MEMO

TO: Work-study Supervisors

FROM: Christopher C. Dixon

DATE: 09/06/07

RE: Work Study Students

Over the summer we have been reviewing current student employment policies. We felt that the current policy could be more efficient, as well as simplified.

In ongoing efforts toward improving the Student Employment Process here at Coahoma Community College, we are pleased to notify you of the following policy changes:

- I. We are requesting that **only** Departmental Directors complete and submit a **Work-study request form** (WRF) to the Student Employment office, indicating the total number of students requested for their particular department and a **designated staff member to sign all departmental time sheets.**
- II. Staff members that desire work study students must submit to their corresponding Directors office, a **Job Description Form** (JDF). The JDF will indicate the number of students they requested and Job duties and Descriptions. Moreover, if staff members know of any particular students would like to work for them, submit the student's names on the JDF form.

All Student Employment positions will be posted on CCC website as well campus bulletins.

Please complete and submit all WRF's Christopher Dixon, Student Employment Office, [cdixon@coahomacc.edu](mailto:cdixon@coahomacc.edu), 662-621-4204, 1<sup>st</sup> floor, Dickerson-Johnson Library, immediately or by August 24, 2007.

If you have any questions, please contact me at ext. 4204.

Thank very much for your immediately attention.



# Work-study Supervisor

## Quick-start Guide

**This is a Quick-start Reference Guide for work-study supervisors and persons designated to sign timesheets. This is to help simplify the work-study process.**

1. All supervisors that desire a work-study student must complete and submit a **\*Job Description Form (JDF)** to your Department Head's office.
  - a. Contains # of students needed, your contact information, and a brief description of the job the student will perform. (if you prefer a specific student please put their name on this form)
  - b. Forms can be acquired in the student employment office or in your Departmental Main Office.
2. **Job Listings along with your workplace location and school contact information will be posted** on Student Employment website and campus bulletins.
3. **Students will submit \*Employment Applications to you.**
4. **After reviewing the applications, use the \*Interview form** to evaluate and select the student that you would like to hire.
5. **Submit all forms to your department's main office.**

**\*ALL FORMS ARE IN THIS BOOKLET OR CAN BE DOWNLOADED FROM THE STUDENT EMPLOYMENT LINK ON THE WEBSITE.**

[www.coahomacc.edu/workstudy](http://www.coahomacc.edu/workstudy)

**Coahoma Community College**  
**FWS PROGRAM**  
**On-Campus Timesheet**  
**CERTIFICATION**

Division/Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail \_\_\_\_\_

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On behalf of the Department listed above, I hereby request participation in the Federal College Work Study Program. I understand and agree to the following:

1. I will not employ a student under the FCWSP until he/she has submitted and signed FCWSP Student Work Contract.
2. I will not permit a student to work more than his/her scheduled hours per week, as specified on the FCWSP Student Contract.
3. Students will be paid only for the hours worked in my department.
4. Timesheets will be completed, evaluated, and returned to Financial Aid in accordance with the FCWSP Pay Schedule.
5. I will distribute this information to all Departmental staff, who supervises FCWSP, Too insure full compliance with the above.
6. All documentation on timesheets will be factual, to the best of my knowledge.

\_\_\_\_\_  
**Signature of Timesheet Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CCC Email**





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# **Student Employment Office Federal Work–study Request Form**

**(Department Head Only)**

**DEPARTMENT** \_\_\_\_\_

**Director** \_\_\_\_\_

\_\_\_\_\_ **# of students requested.**

**Name and Signature of Staff member designated to sign time sheet.**

**Name** \_\_\_\_\_

(Please print)

**Signature** \_\_\_\_\_

\_\_\_\_\_  
**Departmental Director's Signature**



## Job Description Form

### Federal Work-Study Request Form for the 2007-2008 Academic Year

Please submit a copy of this form to the Director of your department's office, for **EACH** Position in your area. Be sure to fill out the form completely. The information requested is mandated by the Federal Work-Study program; it is also valuable for sharing with students to ensure that they understand their jobs. Also indicate # of students desired.

\_\_\_\_\_ **Number of students needed**

**Students' Job Title:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Supervisor's Phone:** \_\_\_\_\_

**Supervisor's Email:** \_\_\_\_\_

**Job Qualification (including any special skills needed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Job Responsibilities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Coahoma Community College

### FORM OF CONFIDENTIALITY FOR WORK STUDY STUDENTS (*On and Off Campus Work-Study*)

For security and confidentiality of records and/or data files, Coahoma Community College has a policy of administering and maintaining student records in compliance with the Family Educational Rights and Privacy Act of 1974, as amended. Each Work-Study Student at Coahoma Community College holds a position of trust relative to maintaining the security and confidentiality of records and must recognize the responsibility entrusted to him/her. Because conduct on or off the job may threaten security and confidentiality of records in any form, each student employee of Coahoma Community College is expected to adhere to the following:

1. No one may permit unauthorized use of any information in files maintained, stored, or processed by Coahoma Community College.
2. No one is permitted to seek personal benefit or allow others to benefit personally by knowledge of any confidential information, which has come to him/her by virtue of work assignment.
3. No one is to exhibit or divulge the contents of any record except in the conduct of his/her work assignment and in accordance with University policies.
4. No one may knowingly include or cause to be included in any record or report a false, inaccurate or misleading entry.
5. No official record or report, or copy thereof, may be removed from the office where it is maintained except in the performance of a person's duties.
6. No one is to abet or act in conspiracy with another to violate any part of this code.
7. Any knowledge of a violation of this code must immediately be reported to your supervisor at Coahoma Community College. If Off-Campus, you must report the violation to your Off-Campus supervisor.

Violation of this code will lead to reprimand, suspension, or dismissal consistent with the personnel policies of this College. Additionally, judicial sanctions may be considered according to the student judicial policies of this Coahoma Community College.

I have read and will comply with Coahoma Community College Code of Responsibility for security and confidentiality of records and/or data files for Coahoma Community College.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

# COAHOMA COMMUNITY COLLEGE



## WORK-STUDY TERMINATION/TRANSFER FORM

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_

Department \_\_\_\_\_

Supervisor:

\_\_\_\_\_

Initiated by: (check one):  Student  Supervisor Effective Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Type of request (check one):  Termination  Transfer

Applicable Semester:  Summer 1  Summer 2  Fall  Spring Year \_\_\_\_\_

Reason for Termination or Transfer (*A reason must be given to process form.*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Transfer requests will be based on current available positions and the student will be notified once the new Referral is ready for pickup.

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I certify that the above-named student has been terminated or transferred as of the effective date.

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Supervisors Signature

Date

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Students Signature

Date



**Federal College Work-Study  
Coahoma Community College  
INTERVIEW FORM**

Student's Name: \_\_\_\_\_

Division/Department: \_\_\_\_\_

Office Location: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work-study Position: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Yes, I do accept \_\_\_\_\_

\_\_\_\_\_ No, I do not accept \_\_\_\_\_

If no, please give reason for denial: \_\_\_\_\_  
\_\_\_\_\_

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Supervisor's Signature: \_\_\_\_\_