



Student Employment Supervisor Responsibilities

Supervisor's Name: _____
Please Print

Department: _____

Please read the following and initial next to each line that you understand the employment regulations associated with being a student employee supervisor. Failure to comply may affect your ability to participate in the Student Employment Program.

1. _____ I understand that **all** student employment supervision must begin by completing this form and following all of the rules and requirements set forth.
2. _____ I understand that student employees must complete a new agreement for each academic year, and that the student employee may not work past the last day of each academic year without a new agreement.
3. _____ I understand that as a supervisor, I must complete two hours of sexual harassment prevention training provided by Human Resources. I understand Human Resources will contact me to schedule this training.
4. _____ I understand that if I continue to supervise student employees, after my initial two hour sexual harassment prevention training, I must maintain currency by completing sexual harassment prevention training every two years thereafter as provided by Human Resources.
5. _____ I understand that a student employee cannot begin working until after Human Resources has provided the student with the *Student Employee Authorization To Work* receipt and the student employee has provided this form to me.
6. _____ **I understand that my student employees may not exceed working 7.5 hours per day, and that they are not permitted to work any additional time or overtime.** Additional time is considered between 7.5 hours and 8 hours per day. Work over 8 hours in a day would be considered overtime. A student employee is not permitted to work over 20.0 hours per week in a period of enrollment, or 37.5 hours per week in a period of non-enrollment.
7. _____ I understand that I must inquire with my student if they have more than one on campus job, and if they do, I must receive a copy of their work schedule for both jobs to ensure the student does not work more hours than they are allowed per day and per week between the two positions.
8. _____ I understand that I may not allow my student employee to work unsupervised. I understand that I must supervise their work and that my approval of their timesheet confirms that they have actually worked the hours indicated on their timesheet. If I am not available to approve the timesheet, I will designate a proxy to sign for me.
9. _____ I understand that I cannot have a student employee supervise or approve another student employee's timesheet.
10. _____ I understand that it is my responsibility to ensure that my student employees submit their timesheet prior to each payroll due date.

11. _____ I understand that employees working shifts lasting five hours or longer are entitled to a minimum of a one-half hour, unpaid meal period taken approximately in the middle of the work shift. Employees working more than six hour shifts may not “skip” the meal period to shorten the workday. All employees are required to take a paid ten-minute rest period for every four hours of work or major portion thereof. Rest periods should be taken approximately halfway though the four-hour period. Rest periods cannot be combined or saved to create extended meal breaks, leave early, or arrive late. Missed meal periods may result in a premium pay assessment.

12. _____ I understand that I will be notified by the Student Financial Services office if the student employee has earned their maximum Federal work-study award. Once notified, I will cease their employment as Federal work study. If I wish to retain the student employee, I must complete a new agreement as a non-Federal (Institute) on campus student employee.

13. _____ I understand that if I am notified by the Student Financial Services Office that the student employee is ineligible for Federal Work Study after they have already begun their employment, the Student Financial Services Office at the Middlebury Institute has the right to remove them from my placement immediately and withdraw Federal work-study as a funding source. If I wish to retain the student employee, I must transfer them to a non-Federal (Institute) work-study account.

I have read the Supervisor’s Authorization above and agree to abide by each requirement. I also agree to monitor that my student employee abides by all of the rules of student employment. I understand that I am responsible for tracking my student’s hours, ensuring they accurately record the hours they worked and ensuring that they submit their timesheets by Payroll’s deadline. Failure to comply with any of the above statements may affect my ability to participate in the hiring of student employees.

Supervisor’s Name: _____
Please Print

Supervisor’s Signature: _____

Date: _____

Return the Signed original form to the Human Resources Department (make a copy for your records).

ONLY THOSE SUPERVISORS WHO HAVE COMPLETED THIS FORM ARE AUTHORIZED TO HIRE A STUDENT EMPLOYEE

I WOULD LIKE THE FOLLOWING PERSON ASSIGNED AS MY PROXY FOR TIME SHEET

APPROVALS: _____

This person must be available to approve time sheets of the students you supervise when you are not available to approve time sheets.