

Western Carolina University Federal Work Study Hiring Agreement

TO BE COMPLETED BY STUDENT

Name: _____ Student ID: _____

Email: _____ Phone #: _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean that you cannot be hired. The offense, how recently you were convicted and other relevant matters will be evaluated in relation to the job for which you are applying.)

Yes No

Have you ever been fired or received any disciplinary action regarding previous employment?

Yes No

Employment is temporary. The Federal Work Study program does not make one eligible for unemployment insurance. I affirm that the above is true and if found to be false, I understand that this may be grounds for my dismissal.

Signature: _____ Date: _____

TO BE COMPLETED BY HIRING SUPERVISOR

Department: _____ Position #: _____

Department Phone #: _____ Work Study Job Title: _____

Department Organization #: _____ Hourly Rate: _____

Please be aware that Students can only work 25 hours per week.

Email Address: _____ Campus Address: _____

Supervisor 92#: _____ Phone#: _____

Timesheet Approver #: _____ Non-work Study Position # _____

Print Supervisor Name: _____

Supervisor Signature: _____

TO BE COMPLETED BY WCU FINANCIAL AID AND SCHOLARSHIPS

Federal Ig Date: _____ Hire Date: _____ Approved by: _____ Notification Sent: _____

Western Carolina University Federal Work Study Employee Confidentiality Agreement

In accordance with the trust placed in us by the University and our users, WCU's Federal Work Study (FWS) employees are responsible for maintaining the confidentiality of the data with which they work and for keeping data secure and accessible only to those who have rights to this information.

WCU's FWS employees routinely have access to highly sensitive information that could be considered unusual or of interest to other individuals both on the inside and outside of the University. The sensitive nature of this information requires that personnel meet the highest standards possible for managing the University's information in a secure and professional manner.

Every employee in WCU's FWS program is responsible for maintaining the confidentiality of data to which they may have access through privileged administrator rights. This includes protecting data from those who do not have authorization to see or access this information. No authorized user should see, hear or use user data without the written permission of the data owner or as authorized by a senior administrator with the authority to grant access.

WCU's FWS employees also have responsibility for securing data both while it is in use by authorized users and when it is stored or archived. Do not disclose confidential information to unauthorized persons in any manner of communication, e.g. by file transfer, through written and oral communication, or other means of disclosure.

If at any time, personal and/or confidential data is thought to be compromised, notify the direct supervisor immediately. The act of intentionally disclosing user data and/or information to be compromised through gross negligence will be grounds for disciplinary action consistent with regular university procedures.

I have read the above agreement and understand the condition of employment.

Print Employee Name: _____

Employee Signature: _____

Date: _____

STATEMENT OF UNDERSTANDING
REGARDING USE OF DATA COVERED BY
THE FAMILY EDUCATIONAL RIGHTS AND
PRIVACY ACT OF 1974 (FERPA)

This Form is Required to Gain Electronic Access To Student Data

And is Required of all Instructors and Advisors

- I understand that as an employee of Western Carolina University (WCU), or as a contractor working on behalf of the WCU System, I will be granted access to records which contain individually identifiable information which is protected by the Family Educational Rights and Privacy Act of 1974.
- I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person(s), or the use of this data outside the limited scope and reasons to which access is granted, could subject me to criminal and civil penalties imposed by law.
- I acknowledge that such access is granted on the need to fulfill employment responsibilities and that no data will be copied, stored, disclosed or otherwise used except in the fulfillment of these duties.
- I further acknowledge that such willful or unauthorized disclosure also violates Western Carolina University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

Print Name: _____ Signature: _____

Date: _____

Note: Upon completion of this form, please submit to the Office of Human Resources for processing.

For more information visit our web site at <http://www.wcu.edu/provost>

WESTERN CAROLINA UNIVERSITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF NET EARNINGS AND EXPENSE REIMBURSEMENTS
ENROLLMENT AND CHANGE FORM

Bi-Weekly Payroll Monthly Payroll Expense Reimbursements

<input type="checkbox"/> ENROLL in direct deposit		<input type="checkbox"/> CHANGE direct deposit	
FIRST NAME:	MI:	LAST NAME:	
BANNER I.D. #	PHONE NUMBER:		

For HR (or representative) use only

Date received: _____

By: _____

Mail in-person

Verified by phone

Verified with ID

NAME OF BANK OR FINANCIAL INSTITUTION: _____

Deposit to my CHECKING or MONEY MARKET account (my name is on this account)

Deposit to my SAVINGS account (my name is on this account)

I am ATTACHING (check one and STAPLE HERE)

a PHOTOCOPY of a CHECK

a CHECK marked "VOID"

an official BANK FORM which provides my account number and the bank routing number

Cancellation - I understand that I must establish a new bank account for my direct deposit to remain employed.

I authorize WCU and my bank to deposit my paycheck and/or reimbursements directly to the account listed above. Deposits can be made to one banking institution only and in one account within the banking institution. Deposits are limited to either checking or savings accounts. Partial deposits will not be permitted; total amount paid must be deposited. If the transmission fails because I have given incorrect or outdated information, WCU can only provide a replacement payment AFTER the University has received a refund from the financial institution (usually within 5 working days). It is important that you provide correct account and bank routing numbers, and that you notify the Payroll Office immediately if you change banks or account numbers. Western Carolina University has the right to retract and correct payments, as necessary.

This completed form must be received in the Payroll Office no less than 15 days prior to your next pay date or reimbursement for the direct deposit to be effective for the next payment.

I acknowledge that electronic payments to the designated account(s) must comply with the provisions of U.S. law, as well as the requirements of the Office of Foreign Assets Control (OFAC). I affirm the entire payment amount is not subject to being transferred to a foreign bank account.

I authorize WCU to initiate direct deposit entries each pay period and/or for each reimbursement, and if necessary, adjustments for any direct deposit entries in error to the financial institution and account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program. I understand that it is my responsibility to verify deposits on a pay period or reimbursement basis before writing checks against these funds and that WCU is not responsible for bank errors or bank fees.

SIGNATURE: _____	DATE: _____
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