

Concord University Payroll Office

Student Employment Supplemental

By signing below, I understand the following:

1. I am permitted to work at MAXIMUM 20 hours a week during the school year or 29 hours during summer. Although, my supervisor may set a lower limit.
2. I understand I am to take a lunch after 6 hours of working. I further understand KRONOS automatically takes this 30 minute lunch deduction after working 6 hours.
3. I understand I am to clock in and out at the time clock closest to my work.
4. I understand that if I am awarded Federal Work Study Funds, those funds will be used first to pay my wages as applicable to the position. I further understand these funds will be directly deposited through Electronic Funds Transfer to my bank account as set up initially with payroll.
5. I understand if I drop out of school or graduate, my employment has ended and I must leave my job immediately.
6. Lastly, I understand I am an at-will employee and can be terminated at any time.

Printed Name

Signature

DATE