



TUFTS UNIVERSITY

Student Financial Services

Dear Federal Work-Study Supervisor:

We are pleased of your involvement in the Federal Work-Study Program. I have enclosed the following payroll forms to be completed by the work-study student:

- **Personnel Action Form**, Sections 1 and 2 completed and signed
- **Employment Verification Form (I-9)**, with legible copies of documents verifying the student's work eligibility.
- **Employee's Withholding Allowance Certificate (W-4)**
- **Direct Deposit Form**, with a blank, voided check

The student can either complete these forms with you or here at the Student Employment Office. In either case, all of the forms must be completed and received before the student begins working.

I have also included an **Off-Campus Timesheet**, which records weekly hours worked by the student. It is the student's responsibility to keep an accurate accounting of his/her hours worked and to submit those hours to you in a timely manner. It is your responsibility to submit a signed timesheet with the total hours to me each week, no later than Friday at 5:00 pm. Timesheets can be faxed to Student Employment at (617) 627-3987. When done properly, the student will receive payment the following Friday. The first payment will be a check that the student can retrieve at Dowling Hall. All subsequent payments will be directly deposited into his/her designated account.

I look forward to working with you under the Federal Work-Study Program. If you have any questions about these procedures, please contact me at (617) 627-3677.

Sincerely,

Joanne M. Grande
Director of Student Employment



TUFTS UNIVERSITY

Student Personnel Action Form

SECTION 1. STUDENT INFORMATION. To be completed and signed by student.

Name: Last Ogunbodede	First Tem	Middle Initial	Social Security #
Local Address (Street Number and Name) , 			Date of Birth (month/day/year)
City	State	Zip Code	Telephone #
Email Address			

PAYROLL FORM CHECKLIST: Returning students need only complete this form. However, if this is your first time working through the Tufts payroll system or if you have not worked within the past 6 months, you also need to complete the following payroll forms:

- I-9 Immigration Form W-4 Tax Form Direct Deposit Form

Student Signature	Date
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SECTION 2. EMPLOYMENT INFORMATION. To be completed and signed by Supervisor.

Supervisor Name: Last	First	Middle Initial
Organization		
Address		Email Address
City	MA	Zip Code
Telephone		Telephone
Student Job Title		Payrate

Supervisor Signature	Date
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SECTION 3. UNIVERSITY USE. To be completed by Student Employment.

DeptID	Proj/Grant	Timekeep	
Changed SIS Award \$3200 CS	Date Entered	Pre-Payment	Contract Signed

Signature	Date
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Tufts University, Student Employment

Off-Campus Time Sheet

Today's Date: _____

Off-Campus Agency: _____

Phone Number: _____

Supervisor: _____

Student's Name: _____

Student's Social Security Number: _____

_____ has worked _____ hours during the week
(Student's Name) (Number)

beginning Sunday, _____ and ending Saturday, _____.

*****PLEASE NOTE, BACK HOURS PRIOR TO THE COMPLETION AND PAYMENT OF THE WORK STUDY APPROVAL WILL NOT BE ACCEPTED.**

Total hours being reported on time sheet: _____ (Academic maximum 20 hours) _____ (Summer maximum 40 hours).

Supervisor's signature: _____

Please photocopy this form and fax it each week to Joanne Grande at the Student Services Center, Dowling Hall. Time slips need to be received by Friday at 5:00 pm in order for students to be paid on the following Friday. Fax number: (617) 627-3987. Questions? Call Joanne Grande in the Student Employment Office, Dowling Hall: (617) 627-2000.



**TUFTS UNIVERSITY
FEDERAL WORK-STUDY PROGRAM
STUDENT EMPLOYMENT OFFICE
DOWLING HALL
MEDFORD, MA 02155
617-627-2000**

FEDERAL WORK-STUDY CONTRACT

This agreement is entered into between Tufts University, referred to hereinafter as the "Institution", and

(Name of Organization) TechMission Corps,

hereinafter known as the "Organization" (pursuant to Title I, Part C, of the Federal Economic Opportunity Act of 1964 as amended) for the purpose of providing work to students eligible to participate in the Federal Work-Study Program.

This organization is (check the appropriate one):

1) A public organization

Federal State County City Town Other

(Name and address of administering body)

2) A private non-profit organization

1. The institution agrees to use its best efforts to make eligible students available to the Organization for the performance of specified work assignments upon the conditions herein set forth by signed authorization only. Authorizations must be revised for each academic year and for the summer program. Students may not be employed officially or be paid under the Federal Work-Study Program until: (a) an approved contract is on file at the Student Employment Office, (b) the authorization form has been approved by the Student Employment Office, and (c) a copy returned to the Organization.
2. The institution shall be deemed the employer for the purposes of this agreement.
 - a) The Institution has the ultimate right to control and direct the services of the student for The Organization. It shall also determine that the students meet the eligibility requirements for employment under the Federal Work-Study Program, assign students to work for the Organization, and determine that the students do perform their work in fact. The Organization's right shall be limited to direction of the details and means by which the result is to be accomplished.
 - b) The Institution shall pay the compensation to the students for the work performed and the Institution shall make any required income tax withholdings and all payments due as an employer's contribution under State and Local Worker's compensation Laws, under State or Federal Social Security Laws, or under any laws applicable to such employees.

3. It is agreed that neither the Institution nor the Organization shall have any obligation either to provide transportation for the students to and from their work assignments or compensation in lieu thereof.
4. It is agreed that the Institution, either on its own initiative or at the request of the Organization, shall have the right and power to remove students from work on a specified work assignment and that the students themselves upon reasonable notice shall have the right to terminate employment.
5. The Organization agrees that the Institution shall supply students to work for it upon the following conditions with which it agrees to comply:
 - a) The work is to be performed for a public or private non-profit organization.
 - b) No student shall be denied work or subject to discrimination or different treatment on the grounds of race, color, national origin, or sex and to this end the Organization agrees that it will comply with the provisions of the Civil Rights Act of 1964 or amendments thereto and the regulations of the Department of Health, Education, and Welfare which implement said act.
 - c) The Organization shall have the obligation to provide for adequate and responsible direct supervision of the work performed by students, shall provide proper working conditions and permit the Institution to inspect the premises if it elects to do so. It agrees to maintain and make available to the Institution the names of Organization supervisors authorized to sign student compensation time slips and to provide the Institution with a record of hours worked weekly by each student attested to by an authorized official of the Organization.
 - d) No student shall perform work which will result in the displacement of an employed worker of the Organization or impair its existing contracts for services, or which will involve political activity or work for any political party, or which involves the construction or maintenance of so much of any facility used, or to be used, for sectarian instruction or worship.
 - e) The Organization agrees that it will be responsible for following the established procedures and policies of the institution as they may be changed or amended at any time
 1. the recording of hours worked;
 2. the changing of job functions or conditions;
 3. the termination of students
 4. the changing of wage rates;
 5. the due dates for all forms, records, reports, or information on or about the Federal Work-Study Program
 - f) In the conduct of its general activities and the performance of any work by students, the Organization agrees to comply with any and all applicable laws, ordinances, and regulations of any government body, whether Federal, State, or Municipal.
 - g) The Organization agrees to identify and hold harmless the Institution from and against any and all claims for property damage or personal injury or otherwise that may result directly from the acts or omissions of the student employees while under the direction, supervision, or control of the Organization.

6. Number of Hours:

- a) During the academic semester, the Organization should not expect to employ the student more than 20 hours during any week in which there are classes. While the law permits exceptions to the above, Tufts University students should not be employed for more than 20 hours a week without prior permission from the Student Employment Office at the university.
- b) During the summer vacation and other regular vacation periods, students may be employed up to but not exceeding 40 hours a week. This is not intended to limit the rights of the student or the Organization in the matter of employment for additional hours or periods of time for which compensation is to be paid from sources other than Work-Study funds.

7. In consideration of the work to be performed by the students made available to it by the Institution, The Organization agrees to make the following payment(s) to the Institution prior to each student's employment. Any unearned wage payment will be returned to the Organization within a month of the termination date of each student.

a) Billing and Rate Schedule:

The institution shall provide the Organization an itemized statement of earned wages for authorized students on a monthly basis according to the rate schedule set forth.

1. Summer Employment – for the period 07/01/06 – 08/31/06, the rate will be 33% of the gross earned wages.
2. Academic Employment – for the period 09/05/06 – 05/26/07, the rate is established at 25% of the gross earned wages.

The above rates include the agency portion of earned wages and fringe benefits. Any earned wages above the authorized amount will be the sole responsibility of the Organization.

b) Under the same agreed payment arrangement, an amount equal to any and all payments required to be made by the Institution under State or Local Worker's Compensation Laws, under Federal or State Social Security Laws on behalf of the students of the Institution participating in projects under this agreement.

c) The Organization's present share of fringe benefits during the academic year is to cover Worker's Compensation. The Organization's share for fringe benefits during the summer period covers Worker's Compensation and Social Security Benefits. The percentage rate charged for fringe benefits is subject to change based on revised Worker's Compensation and Social Security charges.

8. The Institution and the Organization agree that:

- a) A brief description of the work to be performed by the students on specified projects;
- b) The estimated number of students to be employed.
- c) The maxim hourly rates of pay for each job as established by the Institution;
- d) The estimated number of hours per week utilized for each student;
- e) The estimated length of time for completion of the project;

f) The total percent of the non-Federal share of student compensation to be paid by the Organization to the Institution in accordance with paragraph (7) hereof, Shall all be set forth and defined in the Job Description Schedules attached to this agreement from time to time and shall be as legally binding on all parties hereto as if originally incorporated in this agreement provided that they are signed by authorized officials of both parties hereto.

- 9. This agreement may be terminated at any time by the Institution or the Organization upon two weeks prior notice to the other party.
- 10. This agreement is the sole Federal Work-Study Program agreement between the Institution and the Organization. Upon the signing of this agreement, all other agreements, either expressed or implied, are rendered null and void.

FOR THE INSTITUTION FOR THE ORGANIZATION

By: _____ By: _____
(SIGNATURES OF AUTHORIZED OFFICIALS)

_____ Patricia C. Reilly NAME	_____ NAME
_____ Director of Student Financial Services TITLE	_____ TITLE
_____ DATE	_____ DATE

Name of Organization: _____ TechMission Corps

Complete Address: _____
670 Washington Street

Dorchester, MA 02124

Telephone: _____ 617-282-9798 X6 Andrew Sears

Student: _____ Temi Ogunbodede