



**CHATTANOOGA STATE COMMUNITY COLLEGE**  
**STUDENT EMPLOYMENT CONTRACT**

Student Name	Social Security Number	Banner ID
Mailing Address	City/State	Zip Code
Contact Number	Date of Birth	Hire Date

**Supervisor's Agreement**

I agree to supervise the above named individual and adhere to the policies and procedures outlined in the Student Employment Guide.

Supervisor	Contact Number
Department	Account Number

**Student's Agreement**

I agree to complete my job duties as assigned and adhere to the policies and procedures outlined in the Student Employment Guide.

**Confidentiality Statement**

I understand that working in an office that deals with sensitive information requires that I observe the limits of confidentiality set forth by state and federal laws in the 1974 Rights to Privacy Act. In this connection I understand that I may see or hear information about other students, faculty and staff that is considered privileged information, not to be repeated to anyone outside the confines and the scope of work in the office to which I have been assigned. Student employees must notify the department supervisor immediately if contacted by law enforcement.

Also, I understand that any infraction of the aforesaid policy on my part may result in the college taking corrective steps to include, but not limited to work study probation and/or dismissal from my office assignment.

I have read this statement of responsibility and fully understand its contents.

Student's Signature	Date
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**For Office Use ONLY**

Federal Work Study     Institutional Work Study

Summer/Fall     Spring     Summer

FICA:  Y     N

Position Number	Maximum Earnings	Pay Rate
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