

# WOFFORD STUDENT HIRE FORM

|                                    |                                |  |
|------------------------------------|--------------------------------|--|
| Student Name                       | Wofford ID                     |  |
| Position Location (Building/Area): | Email Address:                 |  |
| Hiring Department:                 | Hiring Supervisor:             |  |
| Position Title:                    |                                |  |
| Work Schedule:                     |                                |  |
| Position Duties:                   |                                |  |
| Hourly Wage<br>\$7.25              | Approximate Weekly Hours<br>10 | Has student worked on campus before?<br>_____ YES _____ NO |

In compliance with §41-10-30 of the S.C. Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:

1. This student position is temporary part-time basis, non-exempt, hourly appointment and hours of work expectation are 10 to 15 per week. **Wofford College strongly discourages students from working more than 20 hours per week.**
2. Your rate of pay will be the federal minimum wage (unless noted differently above).
3. You will be paid on the 10<sup>th</sup> of every month (unless the 10<sup>th</sup> falls on a holiday or weekend, in which you will then be paid the previous day) Please complete the *Direct Deposit Form, State W4 Form and Federal W4 Form* to set up your payroll record timely.
4. Deductions to be made from wages include appropriate federal, state, social security and any/all court ordered withholdings.

This document is intended to comply with the requirements of the South Carolina Wage Payment Law, S. C. Code Ann. 41-10-10, et seq. It is **not a contract of employment** for any specific period of time, and promises no specific rules, regulations, policies, procedures, or terms or conditions of employment. In the event circumstances beyond the college's control result in the college being unable to comply with the requirements detailed above, the college will remedy the problem within a reasonable time frame. Any changes in these terms shall be made in writing and at least seven days before they become effective.

**IN TERMS OF SOUTH CAROLINA EMPLOYMENT LAW, YOU ARE AN "AT WILL" EMPLOYEE. THE EMPLOYMENT OF AN AT-WILL EMPLOYEE MAY BE TERMINATED EITHER BY THE COLLEGE OR THE EMPLOYEE AT ANY TIME, WITH OR WITHOUT CAUSE.**

## APPOINTMENT

This student appointment is contingent upon successful completion of a criminal background check along with timely verification of your employment eligibility, as required by the Immigration Reform and Control Act of 1986 (IRCA). The I9 Employment Verification Form will need to be completed within 3 days of your official start date and is being provided so that you may review the qualifying acceptable documents (listed on page 3 of the form). With your acceptance, please schedule an appointment with the Student Employment Office ([bondsij@wofford.edu](mailto:bondsij@wofford.edu)) to complete Form I9. At that appointment, please bring the acceptable document(s) to complete your I9 Form and your completed direct deposit and W4 form.

## STATEMENT OF CONFIDENTIALITY

I understand that by the virtue of my employment with Wofford College, I may have access to records which may contain confidential information. Confidential information is information of any kind, nature, or description concerning any matters affecting or relating to the business or operations of Wofford College, and/or documents, files, processes, forms, or other data of Wofford College. I acknowledge that I fully understand that I will hold the confidential information in strict confidence and shall not permit disclosure to others. I shall not permit disclosure or divulge, either directly or indirectly, the confidential information to others unless first authorized to do so by Wofford College. I shall not reproduce, copy, remove, destroy the confidential information nor use the information commercially, personally, or for any purpose other than the performance of my duties for Wofford College. I further acknowledge Wofford College reserves the right to take disciplinary action, up to and including termination and legal action for violations of this agreement.

**Signing below signifies that the student employee agrees to the terms and conditions of the confidentiality statement above. Further student acknowledges and understands that only a direct supervisor can sign this document and their timesheet. Misrepresenting time or forgery of a supervisor's signature will result in automatic termination and referral to the Wofford College judicial court.**

|  |
|--|
| Student Signature and Date (With your signature, you accept all the terms and conditions stated in this form.) |
| Supervisor Signature and Date (With your signature, you have obtained position and budgetary approval.)        |

**THE FOLLOWING WILL BE COMPLETED BY THE STUDENT EMPLOYMENT OFFICE**

|              |                         |
|--------------|-------------------------|
| Reviewed by: | Effective Date of Hire: |
|--------------|-------------------------|