



WORK-STUDY CONTRACT CHECKLIST

This checklist is to help ensure accuracy and timelines in the processing of your work-study agreement.

Below is an itemized list of documents that must be returned

Please complete and email the following documentation to ucsel@ucsc.edu:

- Application for Assistance
Detailed Job Description(s) for each student position
IRS/State Franchise Board Letter(s) of Exemption or Articles of Incorporation
Agreements - (Two copies) Signatory must have contractual signature authority.
Signature Authorization Form - We must have a signature sample of the employer personnel...

Important Notes:

Please note that you will need to make monthly payments and each monthly payment is equal to 25% of the total earned by the student during the previous month plus a 10% administrative fee...

University of California, Santa Cruz
Cashiers Office
102 Hahn Student Services Bldg.
Santa Cruz, CA 95064-1077

Failure to submit payments within the period allowed would cause termination of both your Work-Study contract and the student's employment status.

It is the responsibility of the employer to ensure that the student does not earn wages beyond their Work-Study allocation! When the full work-study allocation has been earned by the student(s) they will no longer be paid through the University payroll system.

The timely processing of the above items will provide you with the best opportunity for successful participation in the UC Santa Cruz college work-study program. All documents will be reviewed for completeness and approved by the proper university authorities.

I have read the above and understand my responsibilities as a participating employer in the UC Santa Cruz work-study program.

Name of Employing Agency

Email Address

Employer's Signature Date



**APPLICATION FOR STUDENT ASSISTANCE  
UNDER THE FEDERAL COLLEGE WORK-STUDY PROGRAM**

Legal name of organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip Code*

Chief Officer of Organization: \_\_\_\_\_  
*Name Title*

Work-Study Supervisor: \_\_\_\_\_  
*Name Title*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. State the purpose and/or primary activity of this organization:

\_\_\_\_\_

2. Name of unit or department if this application is solely on behalf of a particular unit or department of a large multi-department or multi-unit organization:

\_\_\_\_\_

3. Legal status of organization (e.g., non-profit corporation, municipal government, special purpose district, county-state-federal agency, private non-profit association-trust):

\_\_\_\_\_

4. Is the organization exempt from federal and/or state income tax?  Yes  No  
*If yes, please attach evidence of tax-exempt status (e.g. IRS/State Franchise Tax Board letter)*

5. How many regular, full-time employees are currently employed by your organization?

\_\_\_\_\_

6. List all sources of financial support for your organization:

\_\_\_\_\_

7. Number of work-study students requested: \_\_\_\_\_

8. Suggested hourly pay rate: \_\_\_\_\_

*Must be at least California minimum wage*

9. List major job duties of student employee(s) (you must also attach a detailed job description for each position you are hiring for):

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10. Where exactly will the student(s) work? \_\_\_\_\_

11. How many organization employees (other than full-time employees and/or work-study students) do you have working at the location listed in question 10? \_\_\_\_\_

12. Please describe the supervision given to students by this organization, including the names and titles of supervisors:

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\_\_\_\_\_  
*Supervisor name(s)*

\_\_\_\_\_  
*Title(s)*

*I certify that the information given above is true and correct to the best of my knowledge; that the organization described above is a non-profit organization; and that any student worker(s) provided by the University of California in connection herewith will not be permitted to engage in any form of political or religious activity in their employment under this program, and is not knowingly employed to displace or replace any regularly employed agency staff person; and that the required liability insurance coverage, naming the University as "additional insured," are in effect.*

Billing Address:

Chief Officer of Organization:

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*Name (print)*

\_\_\_\_\_  
*City*                      *State*                      *Zip Code*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone*                      *Fax*

\_\_\_\_\_  
*Signature*                      *Date*



- b. Involve any partisan or non-partisan political activity associated with a candidate or with a contending faction or group in an election for public or party office: or
  - c. Involve any lobbying on the Federal or State level; or
  - d. Involve the construction, operation, or maintenance of so much of any facility as is used or is to use for sectarian instruction or as a place of religious worship.
5. EMPLOYER FURTHER AGREES TO:
- a. Reasonably supervise the work performed by student participants and permit reasonable inspection by a representative of the University;
  - b. Provide to the University, for each payroll period, reports indicating the number of hours worked each week and containing the supervisor's certification as to the accuracy of the hours reported and of satisfactory performance on the part of the student;
  - c. Allow no student to work for more than fifteen (15) hours per week during the school term, and not more than forty (40) hours per week during winter or spring break.
  - d. Pay to the University, upon receipt of an invoice, thirty-five per cent (35%) of the total compensation to be paid to students participating in the program. Such percentage includes a ten per cent (10%) Administrative Surcharge for cost of administering this Agreement.
  - e. Notify the University, in writing, of the date and reason for termination of any Work-Study student;
  - f. Not permit the student to earn more than the amount of his/her permissible Work-Study eligibility as stated by the University on the most recent notification. In the event of overpayment, employer shall be responsible for payment of one hundred per cent (100%) of wages earned in excess of the student's eligibility.
  - g. Provide Worker's Compensation coverage for the student. Employer shall provide verification of Worker's Compensation Coverage upon request.
6. UNIVERSITY ADDITIONALLY AGREES TO:
- a. Disburse all compensation of student for work performed under this Agreement. No student, however, will be compensated for fringe benefits such as: holiday pay, sick leave or vacation;
  - b. Immediately notify the Employer of the student's ineligibility for continued employment due to reduction of or disqualification for financial aid;
  - c. Bill the agency on a month basis for thirty-five per cent (35%) of each student's total earnings.
7. INDEMNIFICATION BY EMPLOYER
- To the extent authorized by law, the Employer shall indemnify, hold harmless and defend the University, its officers, agents and employees against any and all claims and liability for

workers' compensation benefits by students employed by Employer which arise within the course and scope of the students employment for Employer, and against all liability, claims, losses, demands or actions for injury to or death of persons or damage to property arising out of or in consequence of this Agreement provided such liability, claims, losses, demands or actions for injury to or death of persons or damage to property are due to the acts or omissions of the Employer, its officers, agents, or employees in the performance of this Agreement.

#### 8. INDEMINIFICATION BY UNIVERSITY

To the extent authorized by law, University shall indemnify, hold harmless, and defend Employer, its officers, agents, and employees against all liability, claims, losses, demands and actions for injury to or death of persons or damage to property arising out of or in consequence of this Agreement, provided such liability, claims, demands, losses or actions are due to the acts or omissions of the University, its officers, agents, employees or student participants (but only when under the University's direct supervision or control) in the performance of this Agreement.

#### 9. INSURANCE

- a. The Employer shall maintain at all times during the performance of this Agreement public and property damage, and/or commercial general liability insurance, or equivalent self-insurance, in a minimum amount of at least \$1,000,000 for each occurrence. The University shall be named as an additional insured, but only with respect to such liabilities as may arise out of the Employer's activities under this Agreement. The Employer's insurer or administrator of self-insurance shall agree that the above coverage shall be primary and for the full amount of any loss up to and including the total limit of liability without right of contribution from any other insurance affected by the University except that the above provisions shall not apply with respect to the negligence of the University. Employer may satisfy this requirement by obtaining the appropriate endorsement to the relevant master policy(ies) of liability insurance or self-insurance program that Employer maintains.
  - b. The University shall maintain at all times during the performance of this Agreement public and property damage, and/or commercial general liability insurance, or equivalent self-insurance in a minimum amount of at least \$1,000,000 for each occurrence. The Employer shall be named as an additional insured, but only with respect to such liabilities as may arise out of the University's activities under this Agreement. The University's insurer or administrator of self-insurance shall agree that the above coverage shall be primary and for the full amount of any loss up to and including the total limit of liability without right of contribution from any other insurance affected by the Employer except that the above provisions shall not apply with respect to the negligence of the Employer. The University may satisfy this requirement by obtaining the appropriate endorsement to the relevant master policy(ies) of liability insurance or self-insurance program that the University maintains.
  - c. The insurance limits and provisions contained herein shall not limit the liability of either the University or the Employer in any manner whatsoever for their own individual negligence or willful misconduct.
10. It is agreed that the Employer shall have the right to terminate the student's employment (with or without cause) upon reasonable notification to the student and the University,

and that the student shall have the right to terminate his/her employment upon reasonable notification to the Employer.

11. This Agreement shall be subject to the availability of funds to the University for the portion of the student's compensation not to be paid by the Employer.
12. Either party may cancel this Agreement with written notice if the other party fails to comply with the provisions of this Agreement.
13. This Agreement shall terminate on the **12th** Day of **JUNE 2025**, unless sooner terminated, and shall be subject to extension by the mutual agreement of the parties in writing.
14. This Agreement represents the entire agreement and understanding between the parties, and supersedes any prior or contemporaneous agreement or understanding. This Agreement may only be modified by written agreement, signed by both parties.
15. Should either party fail to comply or enforce a provision of this Agreement, such action or inaction shall not constitute a waiver or non-enforcement of any other provision or any subsequent or similar failure to comply.

In witness whereof, the parties hereto have executed this agreement on the day and year first written above.

The Regents of the University of California

_____	_____	_____
Agency Name	Director, Financial Aid & Scholarship Office New Contacts Only	Date
_____	_____	_____
Authorized Signature	Director, Career Success Renewal Contacts Only	Date
_____		
Print Name		
_____		
Date		

Reviewed and revised by Katina Ancar  
UC Office of General Counsel 3/2010

<p><b>THIS SECTION FOR OFF CAMPUS AGENCY ONLY: (Please complete this section)</b></p> <p><b>ORG NAME:</b> _____</p> <p><b>BILLING ADDRESS:</b></p> <p>_____</p> <p><b>TELEPHONE NUMBER</b></p> <p>_____</p> <p><b>(SIGNATORY BELOW)</b></p>	<p><b>THIS SECTION FOR FINANCIAL AID OFFICE ONLY:</b></p> <p><b>FOAPAL:</b> _____</p> <p><b>CORP ACCT:</b></p>
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**UNIVERSITY OF CALIFORNIA - SANTA CRUZ  
FEDERAL WORK-STUDY PROGRAM  
OFF-CAMPUS TIME SHEET SIGNATURE AUTHORIZATIONS**

The following signature has been designated by your agency as having authority to verify the hours reported on the Federal Work-Study time sheet as being a true record of hours worked. The Financial Aid Office will then authorize payment to the employee based on this verification. Your agency will be billed for your portion of the employee's wages plus a surcharge. **ONLY THE AUTHORIZED SIGNATORY LISTED BELOW MAY VERIFY A WORK-STUDY EMPLOYEE'S HOURS ON THE UCSC TIME REPORTING WORKSHEET FOR YOUR AGENCY. THE STUDENT HOURS SUBMITTED ON CRUZ PAY WORK-STUDY TIMESHEET MUST MATCH YOUR APPROVED HOURS FOR IDENTICAL PAY PERIOD. IF ALL ABOVE DO NOT MATCH AND/OR ARE NOT RECEIVED BY DEADLINE, STUDENT'S TIMESHEET WILL BE REJECTED AND MANUAL LATE SUBMISSION WILL BE REQUIRED FOR PAYMENT TO EMPLOYEE.**

**The signature below should be the individual who will authorize the time sheet of the student. If more than one person will authorize hours, a signed sheet needs to be completed by each individual.**

These signatures are valid for the duration of the academic year unless canceled for changed by written notice.

<b>PRINT OR TYPE NAME BELOW</b>	<b>SIGNATURE</b>	<b>DATE</b>

ORIGINAL: FINANCIAL AID OFFICE  
COPY 1: OFF-CAMPUS AGENCY  
COPY 2: CAREER SUCCESS

**THIS SECTION FOR CAREER SUCCESS USE ONLY: On-Campus:**  
WCO> Conservation Corps Human Services Corps  
MCO> Math Tutors  
SCO> Science Tutors  
LCO> Literature Tutors  
RCO> Reading Tutors

**Off-Campus:**  
WCS>Conservation Corps Human Services Corps  
MCS>Math Tutors  
SCS>Science Tutors  
LCS> Literature Tutors  
RCS> Reading Tutors