

ABC Summer Assistance Program

Summer Session I – May 7th – May 31st	20xweek	20Xweek
May 7 th – May 13th		\$650.00
May 14 th – May 20th		\$650.00
May 27 th – May 31st		\$650.00
Total earned Summer I		\$1950.00
Summer Session II – June 4th – June 28th	20x week	20Xweek
June 4 th – June 10th		\$500.00
June 11 th – June 17 th		\$500.00
June 18 th – June 24 th		\$500.00
June 25 th – June 28th		\$500.00
Total Earned Summer II		\$2,000.00
Summer Session III – June 28th – July 26th	20x week	20Xweek
July 2 nd – July 8 th		\$500.00
July 9 th – July 15 th		\$500.00
July 16 th – July 22 nd		\$500.00
July 23 rd – July 26 th		\$500.00
Total earned Summer III		\$2,000.00
All Monies earned will go towards student accounts for summer 2018. Money or refunds will not be distributed to the student.		

Supervisor: _____ Term: _____
Assigned Area: _____ Department: _____
Student Name: _____ Student ID #: _____

Checklist for ABC Summer Assistance Program

- ___ 1.) Read over and signed employment agreement with student worker
- ___ 2.) Discussed expectations of student worker
- ___ 3.) Introduced student worker to staff
- ___ 4.) Scheduled work hours
- ___ 5.) Discussed the Disciplinary Action Plan
- ___ 6.) Discussed the policy and procedures for missing work
- ___ 7.) Discussed job description with student worker

Supervisor Signature

Date

Student Signature

Date

ABC Summer Assistance Application Form

Personal Information (print clearly)

First Name	Last Name	Middle Initials	
Current Address		Permanent Address	
City	State	Zip Code	County / Parish
Home Phone Number ### - #### - #####	Student Cell Phone Number ### - #### - #####	Work Phone Number: ### - #### - #####	
Email Address:		Race:	
Gender: ___ Male ___ Female	Date of Birth: MM / DD / YYYY	Age:	

Education Information	Specific Skills And Abilities
Have Awarded Federal Work Study? Yes No Extracurricular Activities: _____ Classification: _____ GPA: _____ Major: _____ Graduation Date: _____	___ Receptionist/Phone ___ Clerical ___ Filing ___ Cashier ___ Gardening ___ Tutor ___ Computer ___ Maintenance ___ I.T. ___ Cook ___ Athletic Trainer ___ Other(s): _____ Requested Dept: _____

Employment:			
Employer Name:	Date of Employed: MM / DD / YYYY	Supervisor:	Position:
Address:		Work Phone Number: ### - ### - ###	
City:	State:	Zip Code:	County / Parish:
Start Salary:	Ending Salary:	Duties/Responsibilities:	Reason For Leaving:

Emergency Contact:			
First Name	Last Name	Middle Initials	
Relationship:	Primary Phone Number: ### - #### - #####	Secondary Phone Number: ### - #### - #####	
Address:		Zip Code:	
City:	State:	Zip Code:	County / Parish:

Acknowledgement and Authorization:		
In an event of Employment, I understand that false and misleading information given on the application may result a discharge.		
_____ Student Name (Print)	_____ Student Signature	_____ Date

Office of Campus Service Work Education Program
1621 Dr. Martin Luther King Drive
Little Rock, Arkansas 72202
Telephone: 501 – 420 – 1264 Fax: 501 – 492 – 0560

ABC Summer Assistance

STUDENT EMPLOYMENT AGREEMENT

Students should be a registered student to be eligible for employment with the Arkansas Baptist College Summer Assistance Program during the Summer terms for 2018. Students will need to work at least 20 hours a week in order to have the full amount of monies credited to their bill.

I understand that if Arkansas Baptist College personnel feel that my performance is unsatisfactory, I may be in jeopardy of being released from the program which may hinder my enrollment with the college.

Student Responsibilities:

- ❖ Must work 20 hours a Week
- ❖ Must turn in a copy of class and work schedule to supervisor to ensure work hours do not conflict with classes
- ❖ I realize I will not be able to work or make up hours during my schedule class time.
- ❖ I am responsible for timely submission of my time and accurate record keeping of hours worked

STUDENT AGREEMENT

By signing below, I understand my responsibilities as outline above. I also understand that I will not receive any money for working with ABC Assistance Program and that all monies earned will be applied to my account. **I will not receive a refund by participating in the ABC Assistance Program.**

I agree to perform reasonable duties as assigned by Arkansas Baptist College Personnel in the department for which I am employed.

Signed on this _____ day of _____ 2018.

Student Signature

Date

ABC Supervisor Signature

Date