



**STUDENT SECTION:** to be completed by the student.

First & Last Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

I accept this offer of employment and I understand that it's my responsibility to complete ALL required employment forms and read the student employment handbook found at <https://web.doane.edu/offices-services/financial-aid/student-jobs>.

STATEMENT OF UNDERSTANDING OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

I understand that by virtue of my employment with Doane University, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974. I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates Doane University's policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**DEPARTMENT SECTION:** to be completed by the hiring manager.

**This form should only be used for hourly positions. Your cost center is required.**

Hiring Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Student's Position Title: \_\_\_\_\_ Cost center for payment: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ (minimum of \$12/hour) Hours per Week: \_\_\_\_\_

**I understand that:**

- I am responsible for monitoring my budget and adjusting work schedules accordingly.
- I am required to verify and approve students' hours worked in the timekeeping system.
- Students may not average more than 17 hours of work per week across all campus employment.
- A student cannot work during scheduled class hours.
- It's my responsibility to read the student employment handbook found at <https://web.doane.edu/offices-services/financial-aid/student-jobs>.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**\*Submit Completed Form to the Human Resources Office\***

Students are not permitted to work until ALL documents are received by Human Resources