

WORK-STUDY EMPLOYMENT CONTRACT 2018-2019

I, _____, _____, do agree to the conditions
(STUDENT'S LEGAL NAME) (STUDENT ID#)

as stated below regarding my employment as _____
(JOB TITLE/CODE)

in the _____ Department starting on _____.
(OFFICE OR DEPARTMENT) (DATE)

I will be working approximately _____ hours per week. The Juilliard School's

Employer Identification Number (EIN) is 13-1624067.

Job Description (required):

-I understand that I am required by law to complete an I-9 and a W-4 form within three (3) days of my first day of employment. To complete these forms, U.S. Citizens and Permanent Residents must visit the Office of Financial Aid (Room 233). International students must visit the Office of International Advisement (Room 245).

-I understand that if I do not satisfy the demands of this position, I may be released from this contract at the supervisor's discretion. I understand that I must abide by the Code of Responsibility agreement found in the Student Handbook and understand that violations of this agreement could lead to disciplinary action, including dismissal from the School.

STUDENT STATUS: U.S. Citizen/Permanent Resident ☐ International ☐

STUDENT EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

(212) 799-5000 EXT. _____
SUPERVISOR'S TELEPHONE #

PRINT SUPERVISOR NAME / TITLE

For Financial Aid Office Use Only

FWS ☐ JWS ☐ Job Code _____ Rate \$ _____ ADP # _____

Authorized to Work for Juilliard (International Students) Yes ☐ No ☐ Date _____

2018-2019