



# MORENO VALLEY COLLEGE

## CALWORKS WORK STUDY CAMPUS PLACEMENT STUDENT ACKNOWLEDGEMENT



|                     |            |               |              |
|---------------------|------------|---------------|--------------|
| Student Name        | Student ID | Student Title | Rate of Pay  |
| College/ Department | Supervisor | Extension     | Date of Hire |

### BUDGET CODE(S):

|  |   |
|--|---|
| <input type="checkbox"/> CalWORKs I: 12-FCW-1190-0-6020-4367-2331(75%)<br>12-FZE-1190-0-7091-0305-2331(25%)  | <input type="checkbox"/> CalWORKs/ Dept Match: 12-FCW-1190-0-6020-4367-2331(75%)<br>Department Budget(25%): _____ |
| <input type="checkbox"/> CalWORKs II: 12-FCW-1190-0-6020-4367-2331(25%)<br>12-FZE-1190-0-7091-0306-2331(75%) | <input type="checkbox"/> CalWORKs/ Dept Match: 12-FCW-1190-0-6020-4367-2331(25%)<br>Department Budget(75%): _____ |

## Rights and Responsibilities Agreement

\_\_\_\_\_ I understand that the term of this agreement is for the \_\_\_\_\_/\_\_\_\_\_ academic year from \_\_\_\_\_ through \_\_\_\_\_ .

\_\_\_\_\_ I understand that that Moreno Valley College (MVC) must be my home college & that I must be enrolled in at least 1 unit at MVC.  
\*Students receiving FWS/Dist Match funds must meet the 6 unit requirement for FAL/SPR & 3 unit requirement SUM/WIN.

\_\_\_\_\_ I understand that that I must participate in the CalWORKs program at MVC to be awarded CalWORKs workstudy funds.

\_\_\_\_\_ I understand that I am eligible for CalWORKs work-study funds as long as I am a participant in the GAIN program and provide verification in the form of a WTW contract to MVC CalWORKs office before or at the START date of every Semester (Summer, Fall, Winter and Spring) to receive written approval from the CalWORKs Coordinator of CalWORKs Work Study eligibility. The Student Employment Office will then send written approval for hired student/employee to the hiring supervisor each semester.

\_\_\_\_\_ I understand that CalWORKs work-study funding is projected and awarded each fiscal year (July 1st-June 30th) and is conditional upon and subject to my participation in the GAIN program through a county welfare department in California. Therefore, CalWORKs workstudy will stop the same month my cash-aid and/or participation in GAIN stops and I must be evaluated for a new workstudy award type.

\_\_\_\_\_ I understand and agree that I must immediately report to the CalWORKs and Student Employment offices should I become sanctioned, exempted, timed-out or discontinued from cash-aid and/or the GAIN program.

\_\_\_\_\_ I understand that CalWORKs work-study funds only pay up to 75% of my wages and are matched with other program funds. Therefore, I must also qualify to receive another award called matched funds. Should I become ineligible for either the CalWORKs portion or matched funds I will be required to stop working unless or until another funding source can be awarded. \*Students receiving federal work study (FWS) match funds must meet overall SAP and all eligibility requirements for Pell Grant. Students who are on financial aid probation must meet SAP each semester. Students who waive the Pell Grant are not eligible for FWS\*

\_\_\_\_\_ I understand that not meeting the above requirements each semester will result in immediate suspension of student employment.

\*\*NOTE\*\* CalWorks program may immediately terminate this agreement at such time as funds are not made available through the State of California for the purpose of carrying out this agreement.

### Contract Verification:

|                     | SUM       | FAL       | WIN      | SPR       |
|---------------------|-----------|-----------|----------|-----------|
| <b>Due Date:</b>    | 6/18/2018 | 8/27/2018 | 1/2/2019 | 2/11/2019 |
| <b>Valid:</b>       | _____     | _____     | _____    | _____     |
| <b>Verified On:</b> | _____     | _____     | _____    | _____     |

By signing below, the STUDENT/EMPLOYEE acknowledges and accepts the above requirements for CalWorks Work Study.

|                                    |           |      |
|------------------------------------|-----------|------|
| Student/ Employee Name             | Signature | Date |
| Counselor/Coordinator Name         | Signature | Date |
| Student Employment Specialist Name | Signature | Date |