UNIVERSITY OF HOUSTON
COLLEGE WORK-STUDY ON-CAMPUS PARTNER AGREEMENT

This Agreement is by and between the University of Houston, (the **Institution**) and _____, an eligible hiring supervisor, hereinafter referred to as the "**Employer**."

BACKGROUND

- The **Institution** has been allocated funds to provide part-time educational-related employment of eligible students.
- The **Employer** is a staff/faculty member of the University of Houston.
- The **Institution** and the **Employer** want to employ students at the Institution through the State or Federal Work-Study Programs.
- The **Employer** is in the position to utilize the services of each student.

THE INSTITUTION AND THE EMPLOYER AGREE TO THE FOLLOWING TERMS

The term of this employment agreement will begin on **09/01/2026** and end on **08/21/2027** subject to the continuance of the State or Federal Work-Study Program or unless terminated earlier.

Employer GENERAL Responsibilities

Please read and initial all following statements

The **Employer** agrees to the following:

- I will utilize the services of the students referred by the Institution who are eligible to participate in the Texas or Federal Work-Study Program, and who are qualified and acceptable to me. _____
- I will ensure student employment will not result in displacement of regular workers, impair existing contracts for services, or fill positions which are vacant due to a labor dispute. _____
- I will adhere to labor standards by providing students with appropriate rest and meal periods. _____
- I understand student employment may not be sectarian-related; or involve any partisan or non-partisan political activity. _____
- I will comply with all applicable Federal, State, and local laws. _____
- I understand the department will be financially responsible for 100 percent of any earnings beyond the student's work-study eligibility, as determined by the Office of Scholarships and Financial Aid. _____
- I will assure the student has access to all programs and necessary equipment to perform the work assigned. _____
- I will maintain a daily record of the hours worked to ensure that no student works more than twenty (20) hours per UH pay week (Wednesday-Tuesday) over the period of enrollment for which the student has received work-study funding. _____
- I understand that the student must work under the supervision of the Employer or a designated full-time staff member, which includes daily monitoring of work assignments provided to the student for completion. _____
- I understand that the student may NOT work during scheduled class hours, even if the student's classes are online. _____
- I must notify the Institution of any changes affecting the student's employment (i.e. change of enrollment, etc.), which could impact their eligibility for continued work-study funding. _____

Institution GENERAL Responsibilities

The **Institution** agrees to:

- Determine that the students meet the eligibility requirements for employment under the Texas or Federal Work-Study Program.
- Pay the students directly based on their completed time reported via TRAM and pursuant to applicable policies and procedures, up to the limit of the student's work-study funding offer.

Both Parties Agree:

- Failure of Employer to abide by this Agreement may result in Employer being barred from further participation in the work-study program. _____
- Complaints by either the student or Employer regarding lack of compliance with their agreement should be referred to the Office Scholarships and Financial Aid for settlement. _____
- This agreement shall be subject to the availability of funds granted to the Texas or Federal Work-Study Program, and adherence to all legislation and regulations pertaining to the Texas or Federal Work-Study Program. _____
- In the event the Institution gives written notice to the Employer that they have failed to perform a material obligation under this agreement, and such failure has not been corrected within ten (10) business days following the date of the notice, the Institution shall have the right to terminate this agreement immediately upon the close of business on the tenth (10th) business day after the date of the notice. _____

The parties authorized representatives agree to these terms as of the dates signed below.

INSTITUTION INFORMATION:

_____

SFA Representative

_____

Signature Date

(713) 743-1010

_____

Area Code & Telephone Number

EMPLOYER INFORMATION:

_____

Name of Representative

_____

Signature Date

_____

Title

_____

Department

_____

Email Address

_____

Area Code & Telephone Number