

## **LCSC WORK SCHOLARS PROGRAM AGREEMENT**

Upon entering the LCSC Work Scholar Program, all students and worksites sign an Enrollment Agreement outlining the basic commitments of the student, the worksite, and the program concerning the required participation. This agreement is completed annually.

### **The Work Scholar (student), in accepting admission into the LC Work Scholars Program, agrees to:**

- a) Participate in employment at an approved Work Scholar position for the duration of their enrollment in the program.
- b) Work no fewer than ten (10) hours a week throughout the academic term and adhere to the work schedule required by the position and arranged with the supervisor.
- c) Secure approval for absences from work and arrange to make up hours in advance of the absence, if possible.
- d) Immediately notify the supervisor of any unexpected absence or tardiness using a method of communication pre-approved and arranged with the supervisor.
- e) Strive to meet duties, responsibilities, and standards required by the position as defined by the supervisor.
- f) Complete timesheets by deadlines (failure to submit timesheets on-time may delay stipend disbursement)
- g) Complete Work Scholar Experience Evaluation at the end of each semester (Your feedback helps the program continually grow and improve).
- h) Participate in at least one community service project each semester.
- i) Participate in the Work Scholar Program's orientation at the start of each semester.
- j) Schedule and meet with work supervisor and academic advisor the minimum required number of check-in meetings each semester (based on time in program) to ensure that both academic and employment progress is being made at a satisfactory level.
- k) Maintain full-time enrollment status as defined by Lewis-Clark State College standards, and a minimum cumulative GPA of 3.0 at LCSC throughout his/her participation in the Work Scholars Program.
- l) Keep track of all hours worked at LCSC. Students must not exceed 29 hours per week while working at LCSC.
- m) Participate in other Work Scholars Program activities as assigned.

*Note: Students who fail to comply with this agreement will face disciplinary action up to and including dismissal from the program.*

### **The LC Work Scholars Program agrees to:**

- a) Provide each Work Scholar with opportunities for work-learning-service experiences fostering the goals of the Work Scholar Program and Lewis-Clark State College.
- b) Provide each student Work Scholar an LC Work Scholars program scholarship, applied directly to the student's tuition and fees for that academic term. In addition, a small stipend will be awarded in biweekly payments. (Dependent on timesheet submission)
- c) Offer opportunities for advancement in skill and responsibility as allowed by needs of Work Scholar position.
- d) Track individual student's performance evaluations throughout the term of employment which will be used to develop and expand student progression in their assigned position.
- e) Provide opportunity for students, supervisors, and advisors to assess their Work Scholar program experience. Feedback gained will improve the work environments and educational and institutional value of the program.
- f) Provide a labor grievance procedure whereby complaints can be resolved.
- g) Make available, in writing, any change in procedures for the implementation of any of the conditions of this agreement.

### **The Worksite, as a program partner, agrees to:**

- a) Abide by Lewis-Clark State College's non-discrimination policies as follows: Lewis-Clark State College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, gender identity, protected veteran status, or sexual orientation. This policy applies to all programs, services, and facilities, including applications, programs, admissions, and employment. The Director of Human Resource Services has been designated to handle inquiries regarding non-discrimination policies and can be reached at 208-792-2269 or at the Administration Building, Room 102, on LCSC's campus, 500 8th Avenue, Lewiston, Idaho, 83501. TTY 1-800-377-3529.

- b) Provide meaningful and necessary work throughout the term defined below and adhere to the work schedule agreed upon with selected Work Scholar. (Note: The 170 hours listed below are considered program hours. Work Scholars are compensated for these 170 program hours through the program office. Compensation for work beyond 170 program hours will be the responsibility of the worksite; minimum wage laws apply.)
- c) Participate in the Work Scholar Program’s orientations as scheduled.
- d) Complete Worksite Experience Evaluations at the end of each semester. (Your feedback helps the program continually grow and improve.)
- e) Meet the required minimum of check-in meetings each semester with your Work Scholar and their Academic Advisor to discuss job performance and ensure that both academic and employment progress is being made at a satisfactory level.
- f) Contribute a minimum cash match of \$\_\_\_\_\_ to the Work Scholars program per Work Scholar, per semester to be paid toward student’s stipend (cash matches are subject to change - some students may become eligible for an increased stipend depending on tenure and performance)
  - a. Currently the cash match, with stipend increase for your Work Scholar is:  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 Currently the cash match, with stipend increase for your second Work Scholar (*if applicable*) is:  
 \_\_\_\_\_ \$ \_\_\_\_\_
  - b. Worksites may be eligible for a partial refund of their cash match contribution if a Work Scholar terminates within the first 6 weeks of the academic semester. Refunds will not be issued if Work Scholars terminate after the first 6 weeks.
- g) *For off-campus worksites only:* I \_\_\_\_\_ (initial here) understand that the Work Scholar placed with my workplace is covered by workers compensation up to the average of 10 hours per week during the academic term. If I choose to employ the Work Scholar an additional 8 hours per week, then I understand that I will need to compensate the employee at or above the appropriate minimum wage and contribute to workers’ compensation. Additionally, as a private employer overseeing and directing job duties performed by this Work Scholar, I will need to carry liability insurance.

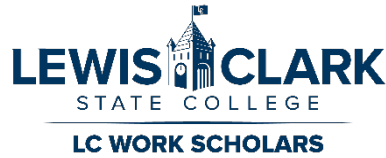
**STUDENT STATEMENT**

By signing, I agree to perform my Work Scholar assignments to the best of my ability. I understand and agree to the conditions set forth in this agreement. In addition, I am aware that failure to meet the requirements and conditions of this agreement can result in disciplinary action up to and including dismissal from the program. Also, I understand that this agreement is effective for a minimum of one year, and the signed document will be placed in my Work Scholar file. A copy of the agreement can be requested/obtained through the LC Work Scholar program office.

Regarding Personally Identifiable information: I authorize **LC Work Scholars** to release/exchange written, verbal and/or electronic information to individuals on and off campus who have a business need to know. This may include, but is not limited to worksites/jobs with whom I have chosen to apply. *This consent will expire upon written request of the student.*

Student Signature	Printed Name	Date
To be completed by the program office:		
Work Scholar Coordinator Signature	Printed Name	Date

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**Lewis-Clark State College Work Scholar Confidentiality Agreement**

I, \_\_\_\_\_, understand that in the performance of my assigned duties as a Work Scholar at Lewis-Clark State College, I may at times have access to personal and departmental records. I agree to keep all such information completely confidential. By signing this document, I agree not to share any information that I become aware of through conversation, actions, or through the viewing of personal and/or departmental records except as authorized by my supervisor.

The purpose of this agreement is to protect the privacy and identity of all parties and to avoid compromising the integrity of the department, all concerned individuals, and Lewis-Clark State College through the disclosure of confidential information.

I understand that to breach this confidentiality is a betrayal of trust and a serious offense which may result in my dismissal from the department and/or possible disciplinary action by Lewis-Clark State College.

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\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date



## RELEASE FORM

I, the undersigned, give Lewis-Clark State College permission to copyright and publish all or any part of photographs and/or video and/or voice recordings and/or written/spoken statements taken of me for use in any public relations and/or marketing campaigns or collateral for Lewis-Clark State College. I understand that I will receive no compensation for the use of my likeness.

In addition, if I have supplied my testimonial, it has been done by my own free will, involving no type of incentive or coercion. I understand that my testimonial may be used in connection with promoting Lewis-Clark State College. I authorize Lewis-Clark State College to use my name, brief biographical information, and the testimonial as defined on this form. Additionally, I waive any right to inspect or approve the finished product, including written copy, wherein my likeness or my testimonial appears.

I am 18 years of age or older, and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing before signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL (will only be used if follow-up is needed, not solicitation)

\_\_\_\_\_  
PHONE (will only be used if follow-up is needed, not solicitation)

\_\_\_\_\_  
HOMETOWN

### LC STATE STUDENTS ONLY

Circle one: FR SO JR SR

\_\_\_\_\_  
INTENDED MAJOR

\_\_\_\_\_  
HIGH SCHOOL ATTENDED

How interested are you in being  
a part of LC State advertising  
productions? (circle one)

Very interested

Interested

Not interested