

LABOR ONLY STATUS FORM

Use only for summer "Labor Only" positions

The purpose of this form is to establish Labor Only status for students working during the summer. There are two classifications of Labor Only, as outlined below.

ID #	STUDENT NAME	CLASSIFICATION	YEAR/TERM	CPO

BASE							
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PRIMARY CONTRACT	POSITION #	POSITION TITLE	HOURS per week	WLS Level	DEPT #	DEPARTMENT TITLE	START DATE
	X _____ PRINT PRIMARY STAFF SUPERVISOR NAME SUPERVISOR TO WHOM STUDENT DIRECTLY REPORTS (Primary Contract)				X _____ STAFF/SUPERVISOR SIGNATURE Any authorized dept. staff member may sign this form to approve a primary contract. Primary Contract Supervisor signature required for approving a secondary contract.		

SECONDARY CONTRACT	POSITION #	POSITION TITLE	HOURS per week	WLS Level	DEPT #	DEPARTMENT TITLE	START DATE
	NOTE: All secondary contracts require the approval and signature of the primary contract supervisor (above).						
X _____ PRINT PRIMARY STAFF SUPERVISOR NAME SUPERVISOR TO WHOM STUDENT DIRECTLY REPORTS (Primary Contract)				X _____ STAFF/SUPERVISOR SIGNATURE Any authorized dept. staff member may sign this form to approve a secondary contract.			

LABOR ONLY POSITION CONTRACTS

Labor Only WLS designation: LO	A student under this designation is not enrolled in any summer classes. The supervisor sets the required number of hours per week, which may not exceed 40. Enter "LO" in place of a WLS level in the form above to indicate this labor position designation.
Labor Only/ One Class WLS designation: LC	A student's primary responsibility is to the workplace. One course with approved leave-time from the labor supervisor; must work at least 34 hours per week for ten weeks or will be changed to Summer School wage; students taking a four-week class are ineligible for Labor Only during the class period. Supervisors may require 34-40 hours per week depending on available work hours (an exception to work 30 hours or 8 weeks may be granted; supervisors should contact the Labor Program Office for guidelines). Failure to meet the work schedule may result in release and reassignment to a summer school position, which includes a reduction in hours and pay rate. Enter "LC" in place of a WLS level in the form above to indicate this labor position designation.

SUPERVISOR CHECKLIST

1	All applicable fields have been entered, including: ID, student name, position #, position title, contract hours, WLS designation (LO or LC), department # and title, printed supervisor name, and start date.	<input type="checkbox"/>
2	You have provided the name of the student's primary staff supervisor. This is extremely important for web-based time reporting and evaluation purposes.	<input type="checkbox"/>
3	You have reviewed the requirements of the position and of the labor department with the student	<input type="checkbox"/>
4	You have signed the form (if you are completing this as a secondary supervisor, the primary supervisor signature is also required).	<input type="checkbox"/>

Student: Your signature signifies that you have read, understand, and fully agree to the conditions that apply to the position(s) outlined above. Please verify all information and address any concerns with your supervisor before signing and submitting this status form.

For Student Payroll Use Only

Tax Form On File _____

Entered _____ Date _____

_____ **Student's Signature** _____ **Date**