

L.C. Barnes Administration
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 Shreveport, LA 71107
 Phone: (318) 670-9221
 Fax: (318) 670-6313
 Email: financialaid@susla.edu



Office of Financial Aid & Scholarships
STUDENT EMPLOYMENT APPLICATION
 (Federal Work Study Program)

****CHECK ALL SEMESTERS OF INTEREST****

Fall _____ Spring _____ Summer _____

ARE YOU INTERESTED IN AN OFF-CAMPUS JOB? YES NO

PERSONAL INFORMATION	
Application Date:	Student Banner Number:
Name:	Social Security Number:
Street Address:	City, State, Zip Code:
Telephone Number:	Email Address:
Emergency Contact:	Relationship
Phone Number:	
STUDENT STATUS	
Academic Major:	# of Credits Enrolled:
Have you been offered Federal Work Study?	YES NO
Have you accepted Federal Work Study?	YES NO
Does SUSLA currently employ any of your relatives?	YES NO
If yes: Name _____ Relationship _____ Department _____	
Campus Employment	
Do you, or have you, worked anywhere on campus?	YES NO
If yes: Department _____ Semester Employed _____ / _____ <small>ex: Fall / 2017</small>	

CONFIDENTIALITY AGREEMENT

At Southern University at Shreveport, I understand that I may have access to files containing information, which includes but is not limited to confidentiality issues regarding employees and students. I understand that I have access to this information only because I am employed in this Department/Work Area. I agree that I shall not disclose this information to anyone outside of this Department/Work Area.

I agree to be bound by this Confidentiality Agreement and take all reasonable, necessary and appropriate steps to safeguard private data from disclosure to anyone except as permitted under the Agreement. I understand that violation of this agreement will subject me to disciplinary action affecting my employment at Southern University at Shreveport as a student worker.

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age, disability or any other protected class. Title IX Coordinator: Dr. Tuesday W. Mahoney, Johnny L. Vance, Jr. Student Activity Center, Room 208, (318) 670-9201.
 Section 504 Coordinator: Ms. Jerushka Ellis, Health & Physical Education Complex, Room 314, (318) 670-9367.



SUPERVISOR REQUEST

If someone is requesting you (the student) to work in their department, please have them complete this section. Otherwise, leave this section blank.

Requestor Name:	
Department:	
Telephone Extension:	
Email Address:	

Requestor's Signature: _____

As a Southern University at Shreveport student, I understand that failure to attend class and/or failure to maintain proper work ethics will result in my immediate dismissal from the program if hired. I understand that this is a part-time job. No student should work during scheduled class periods. A student may work up to twenty (20) hours per week while classes are in session. Federal Work-Study students may work up to thirty-five (35) hours per week between terms and during Spring Break if the employer has sufficient work and adequate budget. I also understand I cannot exceed my maximum allowable earnings for the work-study assignment period. As a student employee, I will abide by all rules and regulations set forth by the University, Work Study Coordinator and the assigned Supervisor.

Student Name (please print)	Student ID #	Date
Student Signature _____		