Student Worker Acknowledgement Form Template

HR strongly encourages HR representatives on campus to use Employment Acknowledgement Form when hiring students. A sample form can be found below and CSUs can add or remove any part of the form to make it work for their unit. This form can be completed when the student completes their I-9 and any other onboarding paperwork.

This form explains what students need to do when they have multiple jobs, and rules about number of hours and communication responsibilities to departments, timing etc.

# Student Employee Acknowledgement *[Sample to edit & add your letterhead]*

As a condition to your employment with       ***[name of department]*** at The University of Texas at Austin (UT Austin), you are required to acknowledge the following (initial each item):

      I acknowledge that all other employment, past or present, at UT Austin or another institution within The University of Texas System (UT System), has been disclosed in writing to       ***[supervisor or other designee].***

      I acknowledge that I will disclose any concurrent or anticipated future employment at UT Austin or UT System. This disclosure will be made in writing to       ***[supervisor or other designee]*** before concurrent or anticipated future employment begins. I further acknowledge that such concurrent or anticipated future employment may impact my employment with       ***[name of department]***, and that impact may include a reduction of hours or termination of my employment.

      ***[If department has its own work-hour limitations]***I acknowledge that I will not work more than

      hours per week, on average, for any week in which I accrue hours, for all my UT Austin and UT System positions combined, without prior approval      ***[supervisor or other designee]*.**

      ***[For hourly positions only****]* I acknowledge that the end date for my employment that is entered in UT Austin Human Resource systems does not create a contract of employment for a definite period of time. I further acknowledge that I can be dismissed at any time when dismissal is in the best interests of the university, including dismissal for reasons such as misconduct, inadequate performance of job duties, poor attendance, inability to perform job duties, loss of funding, and elimination of the position.

      I acknowledge that to return to my position beyond its current end date I must be rehired, and there is no guarantee of future employment with       ***[name of department]***.

      I acknowledge that termination of my employment in one position with       ***[name of department]*** may impact my employment in another position, regardless of the reason.

      I acknowledge that this document does not state all the requirements or terms of my employment, and that my supervisor will advise me of additional policies and procedures specific to my position. This acknowledgement remains in effect as long as I am employed by       ***[name of department]***. Failure to complete or comply with the acknowledgements in this document is cause for withdrawal of an offer of employment or, if employed, for discipline, up to and including termination.

Employee Name (please print clearly):

EID (please print clearly):

Employee Signature:

Date:      /     /