

Work and Study Credit Statement of Understanding

This form is to be submitted to your counselor with current paycheck or employer verification letter attached.

Please initial each item below and complete the information at the bottom of the page to indicate your understanding.

_____ I understand that this job must be a job that has deductions taken out of the paycheck. The job cannot be a 1099 job (independent contractor).

_____ I understand 180 hours of paid employment are required per .5 credit. **Once this hour total has been reached within the given semester, students are expected to submit copies of ALL paycheck stubs showing deductions and the number of hours totaling 180 to their counselor (student is to keep all paystubs until this time).** All paperwork must be handed personally to the counselor. Paycheck stubs must be a paper copy and include the company name, student name, deductions, pay period dates and hours. **It is your responsibility to remember to submit paystubs- your counselor will not issue reminders!**

_____ **If you are using this class as one of your minimum load required classes, hours completed must be during the semester dates of the semester you are using this class as a minimum load class.**

_____ I understand that the final grade will be posted to the transcript at the end of the semester.

_____ I understand that submitting course requirements late, or neglecting to turn them in at all, will result in the issuance of an unsatisfactory grade (U) and no credit will be earned.

_____ I understand there is absolutely no tolerance for abuse of the course and that any student who falsifies their participation in Work and Study Credit will earn an unsatisfactory grade (U) and no credit.

_____ I understand that students who drop this course after the 11th week in fall or spring semesters will earn a U. No record of the course will be posted to the student's transcript if course is dropped prior to the 11th week in fall and spring.

_____ If dropping the work and study credit puts the student below the required minimum academic load of classes the student will be required to add another class to the schedule (fee may apply).

_____ I understand that students who withdraw from a Washoe County School will also be withdrawn from the class.

_____ I understand that the **deadline** to submit my paystubs is _____.

Student's Signature

Student's Email

Student's Phone #

Parent's Signature

Parent's Email

Parent's Phone #

Date

Name of Employer/Company

Student's Position with Employer

For office use only: Minimum Load Yes / No