Federal Work Study Program Agreement
2020-2021

Federal Work Study (FWS) is a very limited program which offers students the possibility to gain work experience during their enrollment at LBCC. It is the goal of the program to prepare each student so that they can successfully transition to the workforce in their communities. Therefore, the expectation is that FWS students will treat their assignment as they would a traditional off-campus job.

FWS students are required to:
1. Report to work on-time for all scheduled shifts
2. Complete work assignments as requested by their immediate supervisor
3. Submit timecards to their supervisors on a timely basis
4. Uphold the LBCC’s mission—FWS students are an extension of the college workforce

“Long Beach City College is committed to providing equitable student learning and achievement, academic excellence, and workforce development by delivering high-quality educational programs and support services to our diverse communities.”

FWS participants are at-will employees, meaning that they can be terminated, or choose to leave their position at any time during the duration of their FWS assignment. FWS Supervisors may choose to follow this progressive disciplinary action process. It is highly encouraged for FWS participants to become familiar with the FWS Employment Manual which is available on the FWS Webpage (https://www.lbcc.edu/post/federal-work-study).
Warning Level 1

Date of Incident: ____________________________
Description of violation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

__________________________
Supervisor Signature

__________________________
FWS Employee Signature

Warning Level 2

Date of Incident: ____________________________
Description of violation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

__________________________
Supervisor Signature

__________________________
FWS Employee Signature

Termination from FWS Assignment

Date of Incident: ____________________________
Description of violation:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Date of Termination: ____________________________ (please notify FA office immediately).

__________________________
Supervisor Signature

__________________________
FWS Employee Signature