



## Student Employee Guide Acknowledgement Form

1. This is to provide you with information and directions to the Student Employment Handbook on the Lake Superior State University website. Go to <https://www.lssu.edu/human-resources/student-employment/>, then click on “Student Employment Handbook”

This form contains my acknowledgement that I have received directions for accessing Lake Superior State University’s Student Employment Handbook.

I understand that the Student Employment Handbook provides general statements of policy and procedures and is not an express or implied contract or promise guaranteeing any term or condition of employment or continued employment with the University for any period. I understand that the Student Employment Handbook and the policies and procedures on which they may be based, are subject to additions, modifications, deletions and other changes, and that the University may not be able to provide advance notice of the change.

2. The sexual harassment policy is available on the website. Go to <https://www.lssu.edu/human-resources/>, then select “Campus Policies” and then “Sexual Harassment”.
3. The drug-free campus policy is available on the website. Go to <https://www.lssu.edu/human-resources/>, then select “Campus Policies” and then “Drug Free Campus”.
4. The Affordable Care Act health insurance notification is available on the website. The notification can be found at <https://www.lssu.edu/human-resources/links-external-sources-information/>.
5. If I am ill or unable to report to work due to extenuating circumstances, I will call my supervisor within one hour of the normal starting time for work and inform the supervisor of the nature of the absence. I acknowledge that repeated tardiness and/or absences will result in termination.
6. As a student employee, I am expected to perform the specific assignments given to me by a supervisor. If I fail to carry out assignments as directed or do not work, I may face termination of employment.
7. I also agree that I will report only those hours I work each pay period and understand a violation of the rules mentioned above may result in the termination of my employment.
8. I understand that my timesheet must be completed in a timely manner and turned in to my department supervisor. Failure to turn in my timesheet may result in paycheck delay.
9. In accepting this work assignment, I hereby certify that I will not engage in the manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with this assignment.
10. I will report any convictions of any criminal drug statute occurring in the workplace to the Public Safety Office no later than five (5) days after such convictions.
11. I also understand that the information contained on the website may be changed or amended at any time by Lake Superior State University with or without notice. I accept responsibility for familiarizing myself with the policies and procedures and will seek verification or clarification of terms or guidelines when necessary from either my supervisor or a representative of the Human Resources Office.
12. I acknowledge I received a copy of this form.

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Signature of Employee

Date

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Employee Name (please print)