

**AMENDMENT # \_\_\_\_ To  
OFF-CAMPUS EMPLOYER  
FEDERAL WORK-STUDY AGREEMENT**

Annual renewal for employer ("ORGANIZATION") with existing contract  
Payroll Account # previously assigned by UO: # \_\_\_\_\_

Legal name and address of ORGANIZATION:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Status of ORGANIZATION: (circle one) public organization / private non-profit organization incorporated in the  
State of \_\_\_\_\_

Tax ID#: \_\_\_\_\_

For the period from: (original start date) \_\_\_\_\_ through: (inclusive of the annual renewal  
period) \_\_\_\_\_

(New employers to the program must have a signed Contract in place before using this Amendment.)

This Agreement was entered into on the date given above, between the State of Oregon Acting by  
and through the Oregon University System on behalf of the University of Oregon (hereinafter referred  
to as the **UNIVERSITY**),

and \_\_\_\_\_ (hereinafter referred to as the **ORGANIZATION**)  
to provide work for students eligible to participate in the Federal Work-Study Program, and is hereby  
amended according to the following:

By this Amendment, the Agreement is extended through \_\_\_\_\_.

**ORGANIZATION** agrees to immediately inform **UNIVERSITY** of any changes to its legal status, tax  
ID, or other conditions specified in the original Agreement. All other terms and conditions remain in  
full force and effect.

IN WITNESS WHEREOF, said parties have caused this instrument to be executed for the above  
named period.

UNIVERSITY OF OREGON, FORMERLY KNOWN  
AS STATE OF OREGON ACTING BY AND  
THROUGH THE OREGON UNIVERSITY SYSTEM  
ON BEHALF OF THE UNIVERSITY OF OREGON

ORGANIZATION:

By: \_\_\_\_\_

By: \_\_\_\_\_

James J. Brooks  
Assistant Vice President & Director of  
Financial Aid and Scholarships  
Student Services and Enrollment Management

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## ATTACHMENT A

### I. Limitations of Hours of Employment

Under this agreement, student compensation to be paid shall not exceed an average of 20 hours per week when classes are in session or a maximum of 40 hours per week during University vacation periods.

### II. Limitations of Total Earnings

Gross compensation under this agreement shall not exceed the maximum dollar certification for any individual student as specified on the student's Financial Aid Award Letter or verified by the Office of Student Financial Aid and Scholarships.

### III. Organization Compensation Requirement

Based on Federal program regulations, the Organization shall reimburse the University for the appropriate portion of a student's wages earned under this agreement for the type of activities performed as marked and certified below by the UO Financial Aid and Scholarships Office, plus actual costs (i.e. payroll taxes and other required payroll expenses) on the total compensation (Organization share and federal share) earned by the student. The benefits rate will be computed monthly by the University based on the students earnings and will approximate 9% of gross compensation.

#### ORGANIZATION WILL PAY:

- A. 50% of the gross compensation earned by students under this Agreement plus total benefit costs.
- B. 0% of the gross compensation, with 100% of salary paid by federal funds for reading tutors for preschool age children or elementary school children (benefits are paid by the University)
- C. 0% of the gross compensation, with 100% of salary paid by federal funds for mathematics tutors for elementary school through ninth grade children (benefits are paid by the University).
- D. 0% of the gross compensation, with 100% of salary paid by federal funds for student performing family literacy activities in a family literacy project that provides services to families with preschool age or elementary school children, whether performed for a federal, state or local agency, or for a private nonprofit organization (benefits are paid by the University).

Option: \_\_\_\_\_ certified and approved for ORGANIZATION

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Approved by: \_\_\_\_\_

UO Financial Aid Office

Date