



**Student Contract**  
Human Resource Services  
Payroll/Benefits Office  
1250 Siskiyou Boulevard  
Ashland, OR 97520

Student ID No.: \_\_\_\_\_

\_\_\_\_\_  
Student's Name  
is extended an appointment as \_\_\_\_\_

for the contract period beginning \_\_\_\_\_ and ending \_\_\_\_\_

\* Total Amount Paid: \_\_\_\_\_

To Be Paid:  Lump sum at the end of the contract period

Total to be spread over contract dates

\*Payment for this position will be \$ \_\_\_\_\_ for the month(s) of \_\_\_\_\_

\*\*Hours expected to work: \_\_\_\_\_

Special Conditions (If applicable): \_\_\_\_\_

Index code to charge: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_  
Student Employee's Name                      Signature                      Date

\_\_\_\_\_  
Supervisor's Name                      Signature                      Date

**Original to Payroll. Contact Payroll if position finishes prior to the end date.**

\*Amount to be paid divided by number of hours expected to work must not fall below the current hourly minimum wage.

\*\*Supervisors are responsible for tracking hours. Hours could be subject to audit.

\*\*\*Use a student referral for hourly rate student position.

**Office Use Only:**

Position/suffix \_\_\_\_\_

Entered \_\_\_\_\_