



Letter of Understanding-Voluntary Assignment

Academic Year \_\_\_\_\_ Summer \_\_\_\_\_

Name: \_\_\_\_\_  
Please print clearly.

Student ID # \_\_\_\_\_

I understand that I as well as my supervisor are both responsible for managing my work study hours and funds. In the event that I exhaust my work study funds, my paid position will immediately be terminated and I will continue to perform my responsibilities/tasks but on a voluntary basis (unpaid). In the event that I was not awarded any work study funds; I understand I will be provided with the opportunity to work on a voluntary basis. If I choose to work on a voluntary basis, I will not enter hours in the MyWhittier timesheet in anticipation of receiving any monies for my voluntary work. I also understand that if I choose to continue working on a voluntary basis, I am agreeing to continue accepting and performing all the responsibilities that are expected with my position.

By signing this Letter of Understanding I agree to the terms detailed above and will abide by them.

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

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

Signature: \_\_\_\_\_

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

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

Supervisor Signature: \_\_\_\_\_

Please send signed copy to the Human Resources Department via email at [whittierhr@whittier.edu](mailto:whittierhr@whittier.edu). Notify HR once work study is exhausted and the position should be closed out and student will continue responsibilities/tasks on a voluntary basis.