

Return completed form to:
Southwestern Assemblies of God University
Teacher Education
1200 Sycamore
Waxahachie, TX 75165-2397

Work Agreement

I, _____,
Student=s Name [Print]

agree to the following guidelines during the semester that I am student teaching:

A. Work a maximum of 10 to 15 hours per week at

Place of Employment [Print]

B. Work only on weekends and holidays

C. May be asked to resign from my job if my University Supervisor determines that it is, in any way, affecting my performance in the classroom.

By signing this document, I agree to the above stated guidelines.

Student=s Signature

Date

As the employer, _____, _____,
Employer's Name [Print] Title

[Please check one]

_____ I acknowledge and agree to the above stated guidelines.

_____ I acknowledge and do not agree to the above stated guidelines.

Employer=s Signature

Date

Telephone Number

Comments, if any: _____
