



# VACATION EMPLOYMENT AGREEMENT

This Addendum serves as a written modification to the CWSP Partner agreement between \_\_\_\_\_<sup>CWSP Partner</sup> and the Arrupe Corporate Work-Study Program, Inc. (ACWSP) as provided in paragraph 2 therein of the original contract. Pursuant to the terms of the agreement, CWSP Partner agrees to provide work for \_\_\_\_\_<sup>Student</sup>, an ACWSP employee, for the days marked in the calendar below. The CWSP Partner agrees to pay the per diem flat rate of **\$95.00**. ACWSP will handle payroll issues and pay the student-worker a per diem flat rate of **\$85.00**.

***This form must be returned to the CWSP office by December 1<sup>st</sup> in order for you to be considered for holiday employment! Late forms will not be processed or accepted.***

*Days Requested to Work*  
Place an X on each anticipated work day

Mon	Tue	Wed	Thu	Fri
				Dec 22
Dec 25	Dec 26	Dec 27	Dec 28	Dec 29
Jan 1	Jan 2	Jan 3	Jan 4	Jan 5

**PROJECTED COST:**

Total # of days: \_\_\_\_\_ x \$95.00 = \_\_\_\_\_

**PROJECTED STUDENT PAYMENT:**

Total # of days worked \_\_\_\_ x \$85.00= \_\_\_\_\_

*In witness whereof, the parties agree to this modification as of the date indicated below.*

**ARRUPE CORPORATE WORK-STUDY PROGRAM, INC.**  
A Colorado not-for-profit corporation

\_\_\_\_\_  
Vianney Bernhardt, Program Manager

\_\_\_\_\_  
Date

**PARTNER**

\_\_\_\_\_  
Representative-Direct Supervisor (Print Name)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Billing Contact (please print)

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone/Email

**STUDENT and PARENT**

\_\_\_\_\_  
Student Signature and Date

\_\_\_\_\_  
Student Cell Phone Number

\_\_\_\_\_  
Student Social Security Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Parent Signature and Date