



VACATION EMPLOYMENT AGREEMENT

Please read the Vacation Work MOU (available on our website) for additional information and requirements.

This Addendum serves as a written modification to the Partner agreement between _____ and the Arrupe Corporate

Partner Company

Work Study Program, Inc. (ACWSP) as provided in paragraph 2 therein of original contract. Pursuant to the terms of the

Agreement, Partner agrees to provide work for _____, an ACWSP employee, for the days indicated below. The

Student Name

Partner agrees to pay the per diem flat rate of **\$135.00**. ACWSP will handle payroll issues and pay the student worker a per diem flat rate of **\$120.00**. Students will be paid bi-weekly, once the CWSP office receives student confirmation forms. Partner companies will be billed during the latter part of August, after all summer work is completed.

****Any student required to attend summer school is not eligible to work during the summer vacation. ****

***Please note:** the schedule below is a preliminary agreement between the Partner Company and Student. Changes can be made as needed, and should be communicated directly between the student and supervisor. This document is not used for payroll purposes or for invoicing of the Partner Company. A separate Work Confirmation form will document actual days worked and will be used to issue paychecks and invoice companies. **PLEASE RETURN THIS FORM TO CWSP NO LATER THAN May 14.**

The student is requested to work on the days indicated by an X (summer work is available June 7-July 30, only, as students have other school commitments beginning in August)

JUNE 2021						
SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14 Flag Day	15	16	17	18	19
20 Father's Day Summer Begins	21	22	23	24	25	26
27	28	29	30			

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JULY 2021						
SUN	MON	TUE	WED	THU	FRI	SAT
				1	2	3
4 Independence Day	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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AUGUST 2021						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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

PARTNER

Supervisor (Print Name)

Signature

Date

Phone and Email

Billing Contact/Department (please print)

Billing Address or Email

City, State, Zip

Billing Contact Phone

ARRUPE CORPORATE WORK-STUDY PROGRAM, INC.

A Colorado not-for-profit corporation

Vianney Bernhardt, Program Manager

Date

STUDENT and PARENT (All information is required)

Student Signature

Date

Date of Birth

Social Security Number (Required)

Telephone Number (best number to reach you at during the summer)

Email Address (best email to send you information over the summer)

Home Address

City, State & Zip

Parent Signature