



**WHITTIER COLLEGE**  
**Human Resources Department**  
**Letter of Understanding-Voluntary Assignment**

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

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

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

Please print clearly.

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, or in the event that I was not awarded any work study funds; I understand I will be provided with the opportunity to continue working 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 original signed copy to the Human Resources Department. A copy will be sent to you. Notify HR once work study is exhausted and the position should be terminated.**