



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 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 Partner agrees to pay the per diem flat rate of \$75.00. ACWSP will handle payroll issues and pay the student worker a per diem flat rate of \$65.00. 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. Also, student availability during the week of June 7th will be determined on a case-by-case basis depending on the completion of all academic requirements. ****

***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.

The student is requested to work on the days indicated by an X (summer work is available June 7, 2010-August 13, 2010).

Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa		Su	Mo	Tu	We	Th	Fr	Sa
												1	2	3		1	2	3	4	5	6	7
6	7	8	9	10	11	12		4	5	6	7	8	9	10		8	9	10	11	12	13	14
13	14	15	16	17	18	19		11	12	13	14	15	16	17		15	1 st day of school					
20	21	22	23	24	25	26		18	19	20	21	22	23	24			1 st day of CWSP					
27	28	29	30					25	26	27	28	29	30	31								

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

PARTNER

Signee (Print Name)

Signature Date

Phone and Email

Billing Contact (please print)

Billing Address

City, State, Zip

Billing Contact Phone

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

Thomas C. Mallary, Director Date

STUDENT and PARENT

Student Signature Date

Date of Birth

Social Security Number

Telephone Number (best number to reach you at)

Home Address

City, State Zip

Parent Signature

**PLEASE RETURN TO CWSP NO LATER THAN
MAY 21, 2010**