



Student Organization Advisor Agreement
For the 20__ 20__ Academic Year

Employee Name: _____ G.I.D.: _____

Organization Name: _____ Index/Acct: SGA 510100-53100

Term of Agreement: Fall and Spring Semesters (September 1 through April 30)

Position Supervisor: Coordinator, Student Government Association

The employee agrees to provide the following services:

- 1. Promotes the organization to students, College staff, and the community.
2. Assists participants in planning and carrying out all functions of the organization.
3. Provides supervision for all functions of the organization.
4. Ensures that all functions of the organization are within applicable constitutions, by-laws, College policies and procedures and laws of the State of Florida.
5. Ensures that all organization funds are raised and/or expended according to College policies and procedures.
6. Acts in accordance with College policies and procedures.
7. Performs other related duties as assigned.

The College agrees to compensate the employee as follows:

A monthly stipend, in the amount of \$ _____, payable in eight (8) equal monthly installments beginning September 30th.

*Note: This stipend is based on 50% for fall semester and 50% for spring semester. Continuation is contingent upon student participation.

It is understood and accepted that:

- This employment agreement is for the time period and compensation specified. It may not be extended or increased without advance written approval.
• This agreement is with the employee named. No portion of the outlined services is to be provided by any other individual, paid or unpaid.
• Compensation will only be provided for services performed in a satisfactory manner as determined by the supervisor.
• The College may terminate this agreement at any time without explanation providing that the employee is compensated for work performed to date on a pro-rata basis. It is understood that the employee is working on an as-needed basis at the will and direction of the College.

Advisor Acceptance: _____
Employee Signature Date

RECOMMENDED:

SGA Advisor Date Dean, Student Services Date

APPROVED:

VP, Educational/Student Services Date Director, Human Resources Date

Original: Personnel File Date distributed: _____
Copies: Employee, Payroll Specialist, SGA Coordinator, Payroll Liaison (Lisa Johnson-Decarie), Primary Position Supervisor (_____)
Position #999797 DATA ENTRY: Initials _____ Date _____