

**VIRGINIA MILITARY INSTITUTE
CADET EMPLOYMENT NOTICE AND CONDITIONS**

Date: _____

Date to begin work: _____

Cadet (full name): _____

Cadet Id#: _____

Class: _____

Social Security #: _____

In accepting employment in the Cadet Assistants Program at VMI, I fully understand my conditions of employment and agree to abide by them while employed.

Employment Documentation: I understand that all employment documentation, including USCIS employment eligibility and tax withholding forms, must be completed and approved by Human Resources before I can begin work.

Cadets cannot be paid for hours worked before employment documents are completed and approved by Human Resources.

I understand I may work no more than fifteen (15) hours per week as a cadet assistant.

GPA Requirement: I understand the cumulative GPA requirement to be a Cadet Assistant is a minimum of 2.0.

Absence from duty: I understand I may miss no regularly scheduled duties, academic or military, while engaged in the performance of my cadet assistant duties.

Substitution of cadet assistants: If I am to be absent from regularly scheduled cadet assistant duty or must obtain a substitute to perform my duties, I will obtain as a substitute only a cadet who has previously been approved for this semester as a cadet assistant. I may not arrange to have a cadet work in my place that has not been approved as a cadet assistant. I further agree to either relieve that cadet on a comparable basis or to pay him or her for this substitution of duties.

Statement of duties: I have, have not received a written job description from my supervisor and I understand my duties are to include:

Pay: For the _____ school year, I will receive \$_____ per hour. Pay periods will be approximately two weeks long with pay day typically on the first (1st) and sixteenth (16th) of the month.

NCAA status: I am, am not a member of a varsity athletic team. If a member identify the sport(s)

I have read and understand the conditions of cadet assistant employment and the attached additional instructions.

(signature of cadet assistant)

Department _____ Initials and date of supervisor _____

Name of Supervisor _____ Initials and date of department head _____

Approval	GPA _____	FALL Semester	SPRING Semester	SUMMER Semester
Date	Registrar	_____	_____	_____
And				
Initial	Fin. Aid Off.	_____	_____	_____

Do Not Write In This Area

Colleague Name: _____

Colleague Account Number: _____