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Title: Repor ng To: Hours/Week: Compensa on:

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Dates of Emplo ment:

Our Mission

Posi on O er ie :

BC Student Emplo ee Hour Polic

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Summer Alcohol and Drug Polic

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Resigna on or Termina on

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Agreement Authoriza on

Student Name (printed)

Eagle ID (first 8 digits)

Student Signature

____/ ____/ 2025