



HARTNELL COLLEGE

# STUDENT EMPLOYMENT AUTHORIZATION

## Federal Work-Study / CalWorks / LAEP 2023-2024

{ } New Hire  
{ } Continuing; New assignment  
{ } Continuing in same assignment

Authorization Period (check only one): \_\_\_\_\_ FALL 2023 (Jul - Dec) \_\_\_\_\_ SPRING 2024 (Jan - June) \_\_\_\_\_ SUMMER 2024 (June - Aug)

### I. STUDENT'S INFORMATION:

Student ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name (must match social security card) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email address (@student.hartnell.edu preferred) \_\_\_\_\_

( ) \_\_\_\_\_ - \_\_\_\_\_

Phone Number \_\_\_\_\_ Current Cumulative GPA \_\_\_\_\_ # of Units Enrolled \_\_\_\_\_

**STUDENT CERTIFICATION:** My signature indicates my agreement to the following:

1. Maintain enrollment in at least 6 units during the fall and/or spring semesters; **I will notify my supervisor if I drop below 6 units.**
2. Maintain a minimum 2.00 GPA each Term and Overall GPA.
3. Notify my supervisor immediately if I'm placed on Financial Aid Disqualification (Suspension).

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### II. EMPLOYMENT DATA:

Job Title: \_\_\_\_\_ Dept./Area: \_\_\_\_\_  
*Ex. Student Ambassador* *Ex. Tutorial Center*

Work Schedule hours: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SA \_\_\_\_\_ SU \_\_\_\_\_ **Total Hours per Week:** \_\_\_\_\_  
(NOT to exceed 20 hours/wk.)

Level: Student Worker: \_\_\_\_\_ Step: \_\_\_\_\_ Hourly Rate\*: \$ \_\_\_\_\_  
I, II, III, or IV A, B, C, or D **\*New salary Hourly Rates as of Jan 1, 2023, and then new as of Jan 1, 2024.**

### DEPARTMENT CERTIFICATION:

**I agree to provide training, supervision, not to exceed the maximum hours of work allowed, and to monitor the student's earnings and enrolled unit level during each semester. It is the supervisor's responsibility to ensure the student stays within their allocation. If the student works more hours than the allocation permits, the Department will be responsible for any difference in costs.**

**NO STUDENT CAN BEGIN WORK UNTIL HR HAS APPROVE THE HIRING PAPERWORK AND NOTIFY THE SUPERVISOR**

Attendance Advisor Name: \_\_\_\_\_ Ext: \_\_\_\_\_

Worker Supervisor Name: \_\_\_\_\_ Ext: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### III. FINANCIAL AID/CALWORKS OFFICE USE ONLY:

☐ NEW AWARD ☐ REVISED AWARD

Effective START Date: \_\_\_\_\_ Effective END Date: \_\_\_\_\_

<input type="checkbox"/> CALWORKS: 75% Budget # 12-400-00-704700-52315	<input type="checkbox"/> FWS: 75% Budget # 12-420-00-706500-52310 \$ _____
<input type="checkbox"/> District: 25% Budget # 11-430-00-704700-52315	<input type="checkbox"/> District: 25% Budget # 11-420-00-646000-52310 \$ _____
<input type="checkbox"/> Cafe: 25% Budget # 52-230-00-000000-52310	<input type="checkbox"/> LAEP: 100% Budget # 12-420-00-647004-52350 \$ _____

Units Enrolled: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

SAP Status: ☐ Good ☐ Probation ☐ FA File Complete

TOTAL CalWorks / FWS / LEAP Allocation \$: \_\_\_\_\_

**TOTAL # of hours student can work for the time frame indicated above:** \_\_\_\_\_ **hrs.**

**F.A./CalWorks/LAEP AUTHORIZATION:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### IV. HUMAN RESOURCES OFFICE USE ONLY:

<input type="checkbox"/> Employment Authorization	<input type="checkbox"/> Worker's Comp: Pre-Designation of Physician	<input type="checkbox"/> W-4 Form	Colleague: _____
<input type="checkbox"/> Job Description	<input type="checkbox"/> Warrant(s) Recipient/Emergency Contacts	<input type="checkbox"/> Copy of Social Security Card	MCOE: _____
<input type="checkbox"/> Application	<input type="checkbox"/> Standards of Employment	<input type="checkbox"/> Automatic Deposit (optional)	Board: _____
<input type="checkbox"/> I-9 Form	<input type="checkbox"/> Student Employee Personal Info	<input type="checkbox"/> Covid-19 Vaccination	Payroll: _____

**HR AUTHORIZATION:** \_\_\_\_\_ **Date:** \_\_\_\_\_