



HARTNELL COLLEGE

# STUDENT EMPLOYMENT AUTHORIZATION Federal Work Study/CalWorks 2020-2021

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

Authorization Period (check only one): \_\_\_\_\_ FALL 2020 (Jul – Dec) \_\_\_\_\_ SPRING 2021 (Jan – June) \_\_\_\_\_ SUMMER 2021 (June-July)

## 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, 2019, and then new as of Jan 2020.

## 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 AUTHORIZATION AND SENT A COPY TO 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"/> Cafeteria: 25% Budget # 52-230-00-000000-52310 \$ _____

Units Enrolled: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_  
SAP Status: ☐ Good ☐ Probation FA File Complete ☐

TOTAL Cal/FWS Allocation \$: \_\_\_\_\_

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

**F.A./CALWORKS 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"/>                              | Payroll: _____   |

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