



HARTNELL COLLEGE

STUDENT EMPLOYMENT AUTHORIZATION Federal Work Study/CalWorks 2019-2020

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

Authorization Period (check only one): _____ Fall 2019 (Jul – Dec) _ Spring 2020 (Jan – June) _____ Summer. 2020 (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 (@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: _____