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

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, 2022, and then new as of Jan 1, 2023.*

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: _____

☐ **CALWORKS:** 75% Budget # **12-400-00-704700-52315**

☐ **FWS:** 75% Budget # **12-420-00-706500-52310** \$

☐ **District:** 25% Budget # 11-430-00-704700-52315

☐ District: 25% Budget # 11-420-00-646000-52310 \$

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"/> Covid-19 Vaccination | Pavroll: _____ |

HR AUTHORIZATION: _____ Date: _____