

STUDENT EMPLOYMENT AUTHORIZATION Federal Work-Study/CalWorks 2022-2023

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Last Name (must match social security card) Mailing Address City State Zip Code Email address (@student.hartnell.edu Current Cumulative GPA Bof 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 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: Dote: Dept./Area:	Authorization Period (check only one)	: FALL 2022 (Jul -	- Dec) SPRIN	G 2023 (Jan - June	SUMMER 2023 (J	une - Aug)	
Mailing Address City State Zip Code Email address (@student.hartnell.edu) Phone Number Current Cumulative GPA # of Units Enrolled STUDENT CERTIFICATION; My signature indicates my agreement to the following: 1. Maintain an innimum 2.00 GPA each Term and Overall GPA. 3. Notify my supervisor immediately if I'm placed on Financial Aid Disqualification (Suspension). STUDENT SIGNATURE: Dept./Area:	I. STUDENT'S INFORMATION:		Student ID:		DOB:		
Phone Number	Last Name (must match social security card)	First Name	Mic	ddle Name	Social Security Number	er	
II. EMPLOYMENT DATA: Job Title:	Phone Number Currer STUDENT CERTIFICATION: My signat 1. Maintain enrollment in at least 6 2. Maintain a minimum 2.00 GPA e	nt Cumulative GPA # of ture indicates my agree 5 units during the fall a ach Term and Overall (f Units Enrolled ement to the follow nd/or spring semes GPA.	ving: sters; <mark>I will notify</mark> r	ny supervisor if I drop b	·	
Dept./Area: Ex. Tstudent Ambassador Ex. Tstudent Center Ex. Tstudent Worker: Ex. Tstudent Staps within their allocation and enrolled unit level during each semester. It is the supervisor's responsibility to ensure the student staps within their allocation for the student works more hours than the allocation permits, the Department will be repossible 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: Ext:	STUDENT SIGNATURE:			Date:			
Work Schedule hours: M	II. EMPLOYMENT DATA:						
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*: \$	Job Title:						
Level: Student Worker: Step:		W TH			Hours per Week:		
DEPARTMENT CERTIFICATION: I agree to provide training, supervision, not to exceed the maximum hours of work allowed, and to monitor the student's earning and enrolled unit level during each semester. It is the supervisor's responsibility to ensure the student stays within their allocated 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: Worker Supervisor Name: Ext: Manager's Signature: Date: III. FINANCIAL AID/CALWORKS OFFICE USE ONLY: Effective START Date: Effective END Date: CALWORKS: 75% Budget # 12-400-00-704700-52315					o exceed 20 hours/wk.)		
Worker Supervisor Name:	and enrolled unit level during each so If the student works more hours than NO STUDENT CAN BEGIN V	emester. It is the super of the allocation permits NORK UNTIL HR HAS AF	rvisor's responsibili s, the Department v PPROVE THE HIRING	ty to ensure the st will be responsible G PAPERWORK AN	udent stays within their for any difference in co ID NOTIFY THE SUPERVIS	allocation. sts. SOR	
Manager's Signature: III. FINANCIAL AID/CALWORKS OFFICE USE ONLY: Effective START 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: SAP Status: Good Probation FA File Complete TOTAL Cal/FWS Allocation \$: F.A./CALWORKS AUTHORIZATION: Date: IV. HUMAN RESOURCES OFFICE USE ONLY: Employment Authorization Worker's Comp: Pre-Designation of Physician W-4 Form Colleague: District: 25% Budget # 11-420-00-646000-52310 \$ TOTAL # of hours student can work for the time frame indicated above: NHUMAN RESOURCES OFFICE USE ONLY: Worker's Comp: Pre-Designation of Physician W-4 Form Colleague: Warrant(s) Recipient/Emergency Contacts Copy of Social Security Card MCOE:				,			
III. FINANCIAL AID/CALWORKS OFFICE USE ONLY: Effective START 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:							
□ District: 25% Budget # 11-430-00-704700-52315 □ District: 25% Budget # 11-420-00-646000-52310 \$ Units Enrolled:	III. FINANCIAL AID/CALWORKS O			□NEW A			
Units Enrolled: Cumulative GPA: TOTAL # of hours student can work for the time frame indicated above: hr F.A./CALWORKS AUTHORIZATION: Date: IV. HUMAN RESOURCES OFFICE USE ONLY: Employment Authorization	☐ CALWORKS: <u>75</u> % Budget # 12 -40	0-00-704700-52315	□ FWS : <u>75</u> % E	Budget # 12-420-0 (D-706500-52310 \$		
SAP Status: Good Probation FA File Complete TOTAL Cal/FWS Allocation \$:	☐ District: 25% Budget # 11-430)-00-704700-52315	☐ District : <u>25</u> %	Budget # 11-420-0	0-646000-52310 \$		
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□ Employment Authorization □ Worker's Comp: Pre-Designation of Physician □ W-4 Form Colleague:	F.A./CALWORKS AUTHORIZATION	:			Date:		
□ Application □ Standards of Employment □ Automatic Deposit (optional) Board:	Employment Authorization	ker's Comp: Pre-Designation rant(s) Recipient/Emergency dards of Employment lent Employee Personal Info	y Contacts	Copy of Social Securit Automatic Deposit (o Covid-19 Vaccination	ty Card MCOE: ptional) Board: Payroll:		