HARTNELL COLLEGE

STUDENT EMPLOYMENT AUTHORIZATION
FWS/CWS 2018-2019

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

Authorization Period (check only one): _____ Fall 2018 (Jul. – Dec.) _____ Spring 2019 (Jan. – June)_____Sum. 2019 (June)

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 9 units during the fall and/or spring semesters; I will notify my supervisor if I drop below 9 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: _____ *Ex. Student Ambassador* Dept./Area: _____ *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: _____ (I, II, III, or IV) **Step:**_____ (A, B, C, or D) **Hourly Rate*:** $_____ *New salary Hourly Rates as of Jan 1, 2018.

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:** _____

☐ **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 $_____
	☐ **Cafeteria only**: 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:

☐ **Employment Authorization**	☐ **Worker's Comp: Pre-Designation of Physician**	☐ **W-4 Form**	Colleague: _____
☐ **Job Description**	☐ **Warrant(s) Recipient/Emergency Contacts**	☐ **Copy of Social Security Card**	MCOE: _____
☐ **Application**	☐ **Standards of Employment**	☐ **Automatic Deposit (optional)**	Board: _____
☐ **I-9 Form**	☐ **Student Employee Personal Info**	☐	Payroll: _____

HR AUTHORIZATION:_____ **Date:** _____

Rev. date 6/11/2018