HARTNELL COLLEGE

STUDENT WORKER EMPLOYMENT NOTICE

Human Resources & Equal Employment Opportunity

Last Name _____ First Name _____ SSN* ___ - ___ - ___ ** Name given MUST match name on Social Security Card*

Address _____ Birthdate ___ / ___ / ___ Gender: ☐ M ☐ F

City _____ State _____ Zip _____ Phone ( ) - Student ID: _____

Is this a NEW Address? ☐ Yes ☐ No

AUTHORIZATION PERIOD: Check one only

- ☐ Fall Semester (September – December pay periods)
- ☐ Spring Semester (January – June pay periods)
- ☐ Summer Session (July and August pay periods)

STATUS:

- ☐ New Hire – 1st time as Student Employee
- ☐ Continuing Student Employee in Same Assignment
- ☐ Continuing Student Employee in NEW Assignment
- ☐ Continuing Student Employee with NEW BUDGET
- ☐ Additional Assignment

Start Date of Employment: ___ / ___ / ___ (mo / day / yr)

End Date of Employment: ___ / ___ / ___ (mo / day / yr)

Level**: ☐ Student Worker I ☐ Student Worker II ☐ Student Worker III ☐ Student Worker IV

Step: ☐ A ☐ B ☐ C ☐ D

Hourly Rate: $ _____

**** Attach short explanation of job duties**

ELIGIBILITY : AP 7270 - Students at 90 units and below are eligible for hire.

Current # of Units: Hartnell Current Semester & Cumulative GPA*: ☐ 1st semester at Hartnell

WORK SCHEDULE: (enter # of hours) (Not to exceed 20 hours per week during academic terms):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

Department/Area: _____

Attendance Advisor: _____ Phone: _____

Supervisor of Record*: _____ Phone: _____

** Manager or Supervisor who is authorized to sign timecards*

BUDGET:

Fund	Area	Location	Cost Center	Object	Percent
					%
					%

STUDENT CERTIFICATION:

I certify that I am currently a registered student at Hartnell College and eligible for Student Hourly Employment (2.0 Current semester & Cumulative GPA at Hartnell, enrolled in 6 units Fall or Spring, 4 units Summer). I will immediately notify my supervisor should I become ineligible.

Student Signature: _____ Date: _____

AUTHORIZATION SIGNATURES:

Manager: _____ Date: _____

Human Resources: _____ Date: _____

For Office Use Only

☐	☐	Student Employee Personal Information	☐	☐	Physician Designation
☐	☐	I-9	☐	☐	Standards of Employment/Service Agreements
☐	☐	W-4	☐	☐	Warrant Recipient Designation
☐	☐	Automatic Deposit (optional)	☐	☐	Copy of Social Security Card
☐	☐	Computer & Network Use Agreement	☐	☐	Student Application
			☐	☐	Live Scan
			☐	☐	TB Test/Risk Assessment

For Human Resources Office Use Only

☐	Paperwork Complete	___ / ___ / ___
☐	MCOE	___ / ___ / ___
☐	Colleague	___ / ___ / ___
☐	Payroll	___ / ___ / ___
☐	Board Action	___ / ___ / ___