

## STUDENT EMPLOYMENT AUTHORIZATION Federal Work-Study / CalWorks 2023-2024

| {  | } New Hire           |
|----|----------------------|
| {  | } Continuing; New    |
| as | ssignment            |
| {  | } Continuing in same |
| as | ssignment            |

| Authorization Period (check only one):                                          | FALL 2023 (                        | SPRING 2024 (Jan - June) _ |                       |                    | SUMMER 2024 (June - Aug |                                         |
|---------------------------------------------------------------------------------|------------------------------------|----------------------------|-----------------------|--------------------|-------------------------|-----------------------------------------|
| I. STUDENT'S INFORMATION:                                                       |                                    | Student ID                 | :                     |                    |                         | DOB:                                    |
| Last Name (must match social security card)                                     | First Name                         |                            | Mic                   | idle Name          | <u></u>                 | ocial Security Number                   |
| Mailing Address                                                                 | City                               |                            | State                 | Zip                | Code Email ac           | ddress (@student.hartnell.edu preferred |
| Phone Number Current Cur                                                        | mulative GPA #                     | f of Units Enrolled        | <del>-</del>          |                    |                         |                                         |
| STUDENT CERTIFICATION: My signature                                             |                                    | eement to th               | e follow              | /ing:              |                         |                                         |
| 1. Maintain enrollment in at least 6 un                                         |                                    |                            |                       | _                  | notify my supe          | rvisor if I drop below 6 units          |
| 2. Maintain a minimum 2.00 GPA each                                             |                                    |                            |                       |                    |                         |                                         |
| 3. Notify my supervisor immediately if                                          | I'm placed on Fi                   | nancial Aid Di             | squalifi              | cation (Sus        | pension).               |                                         |
| STUDENT SIGNATURE:                                                              |                                    |                            |                       | Da                 | te:                     |                                         |
|                                                                                 |                                    | · – –                      |                       |                    |                         |                                         |
| II. EMPLOYMENT DATA:                                                            |                                    |                            |                       |                    |                         |                                         |
| Job Title:                                                                      |                                    | Dept                       |                       |                    |                         |                                         |
|                                                                                 | \\/ TU                             | -                          |                       | orial Center       | Total Hours             | nor Mook:                               |
| Work Schedule hours: MT                                                         | _vvıп                              | F                          | _ SA                  | 30                 | (NOT to exceed 2        | 0 hours/wk.)                            |
| Level: Student Worker: Step:                                                    |                                    |                            |                       |                    |                         |                                         |
| I, II, III, or IV  DEPARTMENT CERTIFICATION:                                    | A, B, C, or D                      | New salary Hourly          | Rates as of           | f Jan 1, 2023, ar  | id then new as of Jan   | 1, 2024.                                |
| I agree to provide training, supervision, i                                     | not to exceed the                  | maximum h                  | ours of v             | vork allow         | ed and to mon           | itor the student's earnings             |
| and enrolled unit level during each seme                                        |                                    |                            | -                     |                    |                         | _                                       |
| If the student works more hours than the                                        |                                    | -                          |                       | -                  |                         | -                                       |
| NO STUDENT CAN BEGIN WOR                                                        | -                                  | •                          |                       | -                  |                         |                                         |
| Attendance Advisor Name:                                                        |                                    |                            |                       | E                  | xt:                     |                                         |
| Worker Supervisor Name:                                                         |                                    |                            |                       |                    | E                       | xt:                                     |
| Manager's Signature:                                                            |                                    |                            |                       |                    | D                       | ate:                                    |
| III. FINANCIAL AID/CALWORKS OFFIC                                               | E USE ONLY:                        |                            |                       |                    | EW AWARD                | ☐ REVISED AWARD                         |
|                                                                                 |                                    | ret+:-                     | FND I                 | Data.              |                         |                                         |
| Effective START Date:                                                           |                                    | Effectiv                   |                       |                    |                         |                                         |
| CALWORKS: <u>75</u> % Budget # <b>12-400-00-</b> 7                              |                                    |                            |                       |                    | 120-00-706500-          | ` <del></del>                           |
| District: 25% Budget # 11-430-00-7                                              | 04700-52315                        |                            |                       |                    | 420-00-646000           | • ———————                               |
|                                                                                 |                                    | ☐ Café:                    | <u><b>25</b></u> % Bu | aget # <b>52-2</b> | 230-00-000000-          | 52310 \$                                |
| Units Enrolled:                                                                 | Cumulative GPA:                    |                            |                       | TOTAL              | # of hours stud         | ent                                     |
| SAP Status: $\square$ Good $\square$ Probation                                  | olete                              | l broll                    |                       |                    |                         |                                         |
| TOTAL FWS / CalWorks Allocation \$:                                             |                                    |                            |                       | frame i            | ndicated above          | e:   hrs.                               |
| F.A./CalWorks AUTHORIZATION:                                                    |                                    |                            |                       |                    | Date:                   |                                         |
|                                                                                 |                                    |                            |                       |                    |                         | <del></del> -                           |
| IV. <u>HUMAN RESOURCES OFFICE USE ONI</u> ☐ Employment Authorization ☐ Worker's | <u>. Y</u> :<br>Comp: Pre-Designat | ion of Physician           |                       | W-4 Form           |                         | Colleggue                               |
|                                                                                 | s) Recipient/Emerge                | =                          |                       |                    | al Security Card        | Colleague:                              |
|                                                                                 | s of Employment                    | , contacts                 |                       |                    | eposit (optional)       | MCOE:<br>Board:                         |
|                                                                                 | Employee Personal In               | fo                         |                       | Covid-19 Va        |                         | Payroll:                                |
|                                                                                 |                                    |                            |                       |                    |                         |                                         |
| HR AUTHORIZATION:                                                               |                                    |                            |                       |                    | Date:                   |                                         |