



# 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:  Male  Female

\_\_\_\_\_  
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 & August pay periods)

### STATUS

- New Hire – 1<sup>st</sup> 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

Level\*\*:  
 Student Worker I  A

End Date of Employment \_\_\_\_/\_\_\_\_/\_\_\_\_  
mo day yr

- Student Worker II  B
- Student Worker III  C
- Student Worker IV  D

Hourly Rate: \$ \_\_\_\_\_

\*\*Attach short explanation of job duties

### ELIGIBILITY:

Current # of Units: \_\_\_\_ Current Hartnell cumulative GPA\*: \_\_\_\_  1<sup>st</sup> semester at Hartnell

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

Hours:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	_____	_____	_____	_____	_____	_____	_____

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 Cumulative GPA at Hartnell, Full-Time student status (6 units Fall or Spring, 4 units Summer)). I will immediately notify my supervisor should I become ineligible.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### AUTHORIZED SIGNATURES:

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

#### For Office Employing Student Use Only

- Student Employee Personal Information
- I-9
- W-4
- Automatic Deposit (optional)
- Fingerprint clearance
- Physician Designation
- Standards of Employment/Service Agreements
- Warrant Recipient Designation
- Copy of Social Security Card
- TB Tested

#### For Human Resources Office Use Only

- Paperwork Complete \_\_\_\_/\_\_\_\_/\_\_\_\_
- MCOE \_\_\_\_/\_\_\_\_/\_\_\_\_
- Colleague \_\_\_\_/\_\_\_\_/\_\_\_\_
- Payroll \_\_\_\_/\_\_\_\_/\_\_\_\_
- Board Action \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Fingerprint Clearance and TB Test – Required **ONLY** for employment in Child Development Center