



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 – 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

Level**:
 Student Worker I A

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

Step: Hourly Rate: \$ _____

End Date of Employment ____/____/____
mo day yr

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

ELIGIBILITY:

Current # of Units: _____ Current Hartnell cumulative GPA*: _____ 1st 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