



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: ____/____/____ **Level**:** Student Worker I **Step:** A **Hourly Rate:** \$ _____
 mo day yr Student Worker II B
End Date of Employment: ____/____/____ Student Worker III C
 mo day yr Student Worker IV D

**** 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
____	____	____	____	____	____	____ %
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 (12 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
- I-9
- W-4
- Automatic Deposit (optional)
- Computer & Network Use Agreement
- Physician Designation
- Standards of Employment/Service Agreements
- Warrant Recipient Designation
- Copy of Social Security Card

For Human Resources Office Use Only

- Paperwork Complete ____/____/____
- MCOE ____/____/____
- Colleague ____/____/____
- Payroll ____/____/____
- Board Action ____/____/____