Personnel Office use only

Funding Source: _____
Earn Type: _____

STUDENT EMPLOYMENT CONFIRMATION

STUDENT NAME: _____ COLLEAGUE ID: _____

JOB DUTIES: _____

☐ District Paid Student **OR** ☐ Work Study Student ☐ $8.00 ☐ $8.50 ☐ $ 9.00

Number of hours scheduled to work per week: _____ (Maximum of 20)

BUDGET ACCOUNT: _____ POSITION ID: _____

BUDGET ACCOUNT: _____ POSITION ID: _____

BUDGET ACCOUNT: _____ POSITION ID: _____

Award Amount: Federal Work Study: $ _____
Financial Aid Approval: _____ Date: _____

DATES OF EMPLOYMENT: Beginning _____ Ending _____

_____ _____
Signature of Employing Supervisor - Also Please Print | Colleague ID | Office Phone | Date

_____ _____
Signature of Cognizant Dean – Also Please Print | Colleague ID | Office Phone | Date

_____
Signature of Time Card Approver | Colleague ID

*** * * * * * * * * * * * TO BE COMPLETED BY STUDENT * * * * * * * * * * * ***

MAILING ADDRESS: _____
P.O. Box/Street Number City State Zip

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

TOTAL NUMBER OF UNITS CURRENTLY ENROLLED: _____
(Minimum units required: Regular Semester 6 Units — Summer Session 3 Units)

I understand that I must have a *Demographic Form, W-4 and I-9* on file with the District Personnel Office in order for my employment to be official.
I have read the employment confirmation set forth above and accept employment on the terms stated herein. I understand that as a student employee I am not entitled to any benefits other than Workers' Compensation Insurance.

_____ _____
Signature of Student Date

Distribution: Original to Personnel
Revised: 11/2007