YUBA COMMUNITY COLLEGE DISTRICT

Office of Human Resources use only

Funding Source(s): _____ _____
District Paid: _____ _____ _____

STUDENT EMPLOYMENT CONFIRMATION

Student Name: _____ **Colleague ID:** _____

Job Duties: _____

Rates Effective: January 1, 2020 ☐ $13.00 ☐ $13.25 ☐ $13.50 ☐ $13.75 ☐ $14.00

Rates Effective: July 1, 2020 ☐ $13.00 ☐ $13.25 ☐ $13.50 ☐ $13.75 ☐ $14.00

Rates Effective: January 1, 2021 ☐ $14.00 ☐ $14.25 ☐ $14.50 ☐ $14.75 ☐ $15.00

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

Budget Account: _____ (___%) **Position ID:** _____

Budget Account: _____ (___%) **Position ID:** _____

Budget Account: _____ (___%) **Position ID:** _____

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

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	Office Phone	Date

*** * * * * * * * * * * * 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 Student application, W-4, I-9, Demographic Form, YCCD Marketplace Coverage Options and CalPERS Exclusion form on file with the Office of Human Resources 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 health and welfare benefits, other than Workers' Compensation Insurance. _____(Student initials)

Signature: _____ Date: _____

Distribution: Original to the Office of Human Resources Revised: 12/16/2019