



Office of Human Resources use only

Funding Source(s): _____ Earn Type(s): _____
 District Paid: _____ Categorical Paid: _____ Work Study: _____

STUDENT EMPLOYMENT CONFIRMATION

Student Name: _____ Colleague ID: _____

Job Duties: _____

Student employees are placed on Step 1 and will move to the next step after having completed one (1) year in the position.

| | | | | | |
|--------------------------------------|---------|---------|---------|---------|---------|
| Rates Effective: 01/01/22 – 12/31/22 | \$15.00 | \$15.25 | \$15.50 | \$15.75 | \$16.00 |
| Rates Effective: 01/01/23 – 12/31/23 | \$15.00 | \$15.25 | \$15.50 | \$15.75 | \$16.00 |
| Rates Effective: 01/01/24 – 12/31/24 | \$15.00 | \$15.25 | \$15.50 | \$15.75 | \$16.00 |

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

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 Dean/Director – Also Please Print _____ Colleague ID _____ Office Phone _____ Date _____

Name 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, Federal tax form - W-4, State tax form – DE, Form 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: _____