

Student Employee Hiring Form

Section I: To be completed by the Hiring Department

Student's Name: _____ Student ID: _____

Student's Phone: _____ Email: _____

Department: _____ Division: AA SA OF PCS GOV FDN

Job Title: _____ Job Posting #: _____

Campus: RWC RVC TRC Other: _____ Building: _____

Estimated Start Date: _____ Estimated End Date: _____ Hours per Week: _____

Student Coordinator Name: _____

Department Supervisor Name: _____

Department Supervisor Signature: _____ Date: _____

Section II: To be completed by Student Employment

Account #: _____ Rate of Pay: \$13.25 (Level 1) \$13.75 (Level 2)

Funding Source: LE FWS Grant Preliminary FWS Status: Eligible Ineligible GPA: _____

Enrolled Credits: _____ Applicable Term: Summer Fall Winter Spring CSL: Yes No

New Hire Rehire Second Position Continuing

Note: _____

Student Employment Signature: _____ Date: _____

Section III: To be completed by Human Resources/Payroll

Cleared to Start/New Hire Checklist Complete: _____ Emailed FWS Award Request: _____

Human Resources Initials: _____ Date: _____ Payroll Initials: _____ Date: _____