

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

Student Assistant Employment Requisition

For the 20____ to 20____ School Year

1. STUDENT APPLICANT INFORMATION (Type or print in ink, attach copy of Social Security card and student enrollment verification.)

Last Name: _____ First Name: _____ Middle Initial: _____

(Please write name exactly as found on Social Security Card or other official document.)

SSN or W#: _____ Birth Date: _____ Contact Number: _____

Address: _____ City: _____ Zip: _____

[Residential or Mailing]

I am a ☐ Chabot ☐ Las Positas College student (currently enrolled/preregistered in _____ units for _____ semester, 20____).

ARE YOU CURRENTLY WORKING FOR ANOTHER DEPARTMENT/OFFICE? ☐ **YES** ☐ **NO**

Dept: _____ **Supervisor:** _____ **Assigned # of Hours:** _____

I have read the attached "Guidelines for Student Employment." I understand that my employment on campus is temporary and can be immediately terminated.

Student Signature: _____ **Date:** _____

2. TO BE COMPLETED BY HIRING DIVISION

Employment is limited to eight (8) hours per day, twenty (20) hours per week during entire calendar year (in all combined areas of the college).

To be employed by: _____ Building: _____ Room: _____
Division/Area

Student's Direct Supervisor: _____ Extension: _____
Name and Position

Position Hired: ☐ Federal Work Study Student ☐ Student Assistant ☐ Student Intern/Ambassador Hours Per Week: _____

RANGE/STEP: CATEGORY: **A \$16.90 B \$17.40 C \$17.90** [C requires Vice President or President's signature below.]

(Please see information on previous page for appropriate category and pay range.)

Funding Source(s): ☐ FWS ☐ CalWorks ☐ Division ☐ Other: _____

Budget Account Number:

(for FWS and HR use ONLY)

<u>FUND</u>	<u>ORGN</u>	<u>ACCT</u>	<u>PROG</u>	<u>%</u>	<u>Position Code</u>	<u>Suffix</u>
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____
_____	_____	_____	_____	____%	_____	_____

☐ **New hire:** effective date: _____ ☐ **Rehire:** effective date: _____

☐ **Hiring Supervisor/Administrator has verified that student is enrolled in the appropriate number of units before hiring them as a Student Assistant or in FWS.**

Please Print Hiring Administrator's Name: _____

Hiring Administrator's Signature: _____ **Date:** _____

Vice President's Signature: _____ **Date:** _____

(Only to be signed by Vice President, if the C Range is applied.)

3. TO BE COMPLETED BY FINANCIAL AID OFFICE (*For Federal Work Study Students Only*)

☐ Hired under Federal Work Study Awarded \$ _____

Total hours _____ No. of units _____ Satisfactory Academic Progress ☐ Yes ☐ No

Approved by: _____ Date: _____
Financial Aid Officer

4. TO BE COMPLETED BY THE CalWORKS COORDINATOR (*For CalWORKS Students Only*)

Awarded \$ _____ Total hours _____ No. of units _____ Good Standing ☐ Yes ☐ No

Approved by: _____ Date: _____
CalWORKS Coordinator

5. TO BE COMPLETED BY ADMINISTRATOR, ADMISSION & RECORDS (*For International Students*)

No. of units _____ Verification of approval to work: _____

Approved by: _____ Date: _____
Administrator of Admission & Records

6. HUMAN RESOURCES:

HR Manager Approval: _____ Date: _____

Input: _____ Date: _____