



Office of Human Resources use only

Earn Type(s): _____

STUDENT EMPLOYMENT CONFIRMATION

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

Job Duties: _____

Rates Effective: January 1, 2018	\$11.00	\$11.25	\$11.50	\$11.75	\$12.00
Rates Effective: July 1, 2018	\$11.00	\$11.25	\$11.50	\$11.75	\$12.00
Rates Effective: January 1, 2019	\$12.00	\$12.25	\$12.50	\$12.75	\$13.00

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

District Paid: _____ **Categorical Paid:** _____ **Work Study:** _____

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

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