

BOT Date _____

**JOB REFERRAL FORM
ON-CAMPUS STUDENT EMPLOYMENT
BOARD AGENDA ITEM**

FWS Award _____

[] Fall [] Spring

K # _____

Financial Aid Signature _____

Please return COMPLETED form in triplicate to the Student Employment Office.

This Student may not begin working until the Supervisor receives a HOT PINK FORM from the Student Employment Office.

PLEASE PRINT THE FOLLOWING INFORMATION: Email Address: _____

NAME: _____ PHONE: _____
Last First MI (home)

ADDRESS: _____ PHONE: _____
Number & Street Name (cell)

City State Zip

Status (choose one): [] US Citizen [] Permanent Resident [] Temporary Resident
[] Refugee/Asylee [] Student Visa (F1 or M1 Visa) [] NRA/Other

DEPT: _____ SUPV: (print) _____ EXT: _____

Program Administrator (if applicable) (print): _____

CHOOSE ONE: [] NEW STUDENT WORKER [] RETURNING [] ADDITIONAL JOB

TERM: (circle one) FALL / SPRING / SUMMER BEGINNING DATE OF ASSIGNMENT: _____

General type of work: (circle one)

Classroom Lab Clerical Driver DSPS Event Coordinator Facilities Food Service Model/Actor

PE/Athletics Security Tutor/Inst Aide Other: (describe type of work) _____

Student worker level:	I	II	III	IV	V	VI
Student worker pay rate:	\$9.00	\$10.06	\$11.12	\$12.18	\$14.29	\$15.35

Change in level and rate? Y / N Effective date of change: _____

Budget number: _____

Change in budget number? Y / N Effective date of change: _____

NOTE: On-Campus Student Employees **may not work more than 19.5 hours** in a week and **not more than 175 days or 1000 hours** in a fiscal year. On-Campus Student Employees are temporary, non-classified service employees employed to perform a service in the District, upon completion of which the services required will not be extended or needed on a continuing basis. They are to be hired on temporary basis only to provide additional services for a short-term project or assignment.

APPROVAL SIGNATURES

Supervisor: _____ Date _____

Dean/V.P./Reviewing Manager: _____ Date _____

Human Resources: _____ Date _____