



2023/2024 Student Employment Action Form

Funding Source

- Ed. Assistant
Department Funded
Federal Work Study
CalWORKs
International Student (Department Funded Required)

Hiring Department: \_\_\_\_\_ If your department isn't on the scroll down, just type it in.

1. Student's Last Name: \_\_\_\_\_ Student's First Name: \_\_\_\_\_

2. Student's ID #: \_\_\_\_\_

3. Pay Rate (Refer to list of job titles):\$ \_\_\_\_\_

4. STUDENT AIDE: \_\_\_\_\_

5. Mark appropriate Employment Type:

- New Hire- a student that has never worked as a student employee through RCCD.
Rehire- a student, who has previously worked for the Student Employment Office, has completed an assignment or has been dismissed and is re-applying.
Add- a student currently working in a department who wishes to seek employment in an additional department.
Transfer -a student who wants to end his/her current job in a department and work in a new department.

6. Complete Funding Source below:

Department Funded -Provide budget code(s): (object codes must be 2331 for non-instructional or 2430 for instructional)

- 1) \_\_\_\_\_ 2) \_\_\_\_\_
3) \_\_\_\_\_ 4) \_\_\_\_\_
5) \_\_\_\_\_ 6) \_\_\_\_\_

Federal Work Study- Please mark the appropriate program budget codes:

- On Campus Department: 12-EZE-1190-0-7091-0304-2331 (75%)
Community Service: 12-EZE-1190-0-7091-0300-2331 (75%)
CalWORKs: 12-ECW-1190-0-6020-4367-2331(75%)
Reading Tutor: 12-EZE-1190-0-7091-0301-2331 (100%)
Math Tutor: 12-EZE-1190-0-7091-0302-2331(100%)
Literacy: 12-EZE-1190-0-7091-0303-2331(100%)

Supervisor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ x \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean, Dept Chair, DirectorSignature: \_\_\_\_\_ (If required)

NEXT PAGE IS FOR STUDENT EMPLOYMENT OFFICE USE ONLY.

# NORCO COLLEGE

## Student Employment

### Budget Control Slip

NEW HIRE  REHIRE  ADD  TRANSFER ED. ASSISTANT

#### Student Employee's Information:

Name: \_\_\_\_\_  
Last Name, First MI

Social Security#: \_\_\_\_\_ Student ID# \_\_\_\_\_  Norco Home College

Units/Term (at time of hire): \_\_\_\_\_ FAL WIN SPR SUM CGPA: \_\_\_\_\_  Probation

Hiring Site: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

#### FWS Budget Information:

- On Campus: 12-EZE-1190-0-7091-0304-2331 (75%)  
12-EZE-1190-0-6460-0304-2331 (25%)
  - Community Service: 12-EZE-1190-0-7091-0300-2331 (75%)  
12-EZE-1190-0-6460-0300-2331 (25%)
  - Reading Tutor: 12-EZE-1190-0-7091-0301-2331
  - Math Tutor: 12-EZE-1190-0-7091-0302-2331
  - Literacy: 12-EZE-1190-0-7091-0303-2331
  - CalWORKs: 12-ECW-1190-0-6020-4367-2331  
(75%)  
12-EZE-1190-0-7091-0305-2331 (25%)
- CalWORKs Funded (ONLY) Amount: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

#### Financial Aid Information:

FA Status : \_\_\_\_\_  
Award Date : \_\_\_\_\_  
FWS Award: \$ \_\_\_\_\_  
FWS Hours: \_\_\_\_\_  
Transferring or Adding Depts: \_\_\_\_\_  
FWS Balance \$ \_\_\_\_\_  
FWS Hours: \_\_\_\_\_  
If student becomes  
INELIGIBLE After Hire Date:  
Ineligible Date: \_\_\_\_\_  
 Appeal Approved Date: \_\_\_\_\_  
 Appeal Denied Date: \_\_\_\_\_

#### Department Budget Information:

#1 Hiring Site: \_\_\_\_\_  
Budget Code \_\_\_\_\_  
#2 Hiring Site: \_\_\_\_\_  
Budget Code \_\_\_\_\_  
#3 Hiring Site: \_\_\_\_\_  
Budget Code \_\_\_\_\_  
#4 Hiring Site: \_\_\_\_\_  
Budget Code \_\_\_\_\_  
#5 Hiring Site: \_\_\_\_\_  
#4 Hiring Site: \_\_\_\_\_  
Budget Code \_\_\_\_\_

#### Transfer Information:

Hiring Site: \_\_\_\_\_  
Budget Information: FWS Funded Department Funded

#### Galaxy Information:

EMPLOYEE #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

All Student Employee's

Position End Date is **June 30, 2024**

Dismissal Form attached ( if student  
employee was dismissed prior to End Date).

Last Day Worked: \_\_\_\_\_

TB Entered  
Exam Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

FHC Entered  
Exam Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

#### Reimbursements:

TB  
Amount Reimbursed: \$ \_\_\_\_\_  
Payroll Date Paid: \_\_\_\_\_

FHC  
Amount Reimbursed: \$ \_\_\_\_\_  
Payroll Date Paid: \_\_\_\_\_

LIVESCAN  
Amount Reimbursed: \$ \_\_\_\_\_  
Payroll Date Paid: \_\_\_\_\_

Uniform  
Amount Reimbursed: \$ \_\_\_\_\_  
Payroll Date Paid: \_\_\_\_\_

#### Batch #

Approved Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_