	PLEASE READ: Check here if you need to change or update any information from last academic year:
u u	Indicate specific information below:
Updated Information	Check here if address has changed.
	Check here if name has changed.
rn bd	Check here if phone number or email has changed.
D fo	Check here if updating your emergency contact.
In _	Check here if making changes to your tax forms.
	Check here if updating your direct deposit information.
	Updating other:
	Rehire Student Employee Forms
q	Forms included in this packet:
re ns	Employee Information Form
rn rn	Terms and Conditions
Required Forms	FERPA Agreement
R	Sick Leave Acknowledgment Form
	LAEP Eligibility Form (required only for LAEP students)
	FAFSA File for FWS/LAEP Employees only:
am a	Completed 24/25 FAFSA Application
ork-Study g Aligned nt Program	Completed Financial Aid File with Norco College's
rk-Stu Aligned it Progri	Financial Aid Office.
or 5 A nt	Financial Aid Contact Information:

Federal W

Learnin

Employm

Email: studentfinancialservices@norcocollege.edu

Please email us from your RCCD student email account, and include your Name and Student ID number in your email.

951-372-7009 Leave a Message:

Please include your Name and Student ID number and phone number in your voicemail.

Employees will need to complete, print, sign and deliver forms along with the required documents to the Student Employment Office for processing. Typed forms are preferred but may be completed in ink and must be legible without mistakes or whiteout.

**** EMPLOYEES MAY NOT WORK UNTIL AN APPROVAL EMAIL** FROM THE STUDENT EMPLOYMENT OFFICE IS RECEIVED WITH **AN EFFECTIVE DATE OF HIRE. ****

REHIRE

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C O L L E G E

STUDENT EMPLOYEE INFORMATION FORM

(<mark>PLEASE TYPE FORM</mark>)

Academic Year 2024/2025

I. Personal Information

1. Student's Name (Exactly as Written on Social Security Card)

Last:	First:		Middle I:
2. Preferred Name/Other name(s) used at this school:			
3. Street Address: Street Address or P.O. Box	City:	_State:	_Zip Code:
4. Social Security #:	5. Student ID #:		
6. Date of Birth (MM/DD/YYYY):	7. 🗖 Male 🗖 Female 🗖 Other		
8. Telephone Number:	9: Personal E-Mail Address:		
10. Norco College E-Mail Address:			
11. Emergency Contact: Last Name:	First Name:		
Relationship to you:	Daytime Phone Number:		
12. Name of department/hiring site:			
13. Name of hiring supervisor:			

II. Eligibility Requirements:

I understand I must maintain a minimum half-time enrollment (6.0 units for Fall/Spring, and 3.0 units for Summer and Winter).

I understand I must maintain a minimum 2.0 <u>cumulative</u> GPA.

I understand I must have Norco College listed as my designated home college with Admissions and Records.

I understand that if I fall below half-time enrollment and/or my cumulative GPA falls below a 2.0, **I may be dismissed from my position**.

- I understand that the hiring department/site or its funding is subject to change.
- I understand that I am limited to working no more than 8.0 hour per day, and no more than 20 hours per week.
 - I understand that I cannot work until ALL paperwork is completed and processed by the Student Employment Office and written notification has been sent to my supervisor. My supervisor will contact me when my employment can begin. If I work prior to my employment authorization I may not be paid on time.

III. Sign and Date

I certify that all of the above information is true and accurate to the best of my knowledge.

Employee's Signature:

NORCO COLLEGE Terms & Conditions for Student Employment

I understand that as an employee of the Student Employment Office, I represent Norco College. As such, I also understand that I am expected to act in a professional manner and to serve students and employees to the best of my ability. Please read all of the following:

Student Employee Etiquette:

I will refrain from eating during work hours.

I will refrain from making and receiving personal telephone call or text messages during work hours.

I will refrain from studying, completing homework assignments and editing/printing schoolwork during work hours.

I understand that all computer use must be work related. I will not check personal e-mail accounts during work hours, nor will I surf the Internet (this includes all social media).

I will complete all assignments thoroughly and in a timely manner. I will take pride in all work that I do.

I will respect the privacy of all students and to maintain the confidentiality of all records.

Customer Service:

I will serve as a model of what a student employee should be, I will be respect all students and employees.

I will answer telephone calls promptly and courteously.

Dress Code:

I will dress in a professional and respectable manner in accordance with the Departmental/Site Dress Code. The supervisor must communicate to the student the regulations and policies regarding dress, work habits, job duties, hours, etc. according to the position in which the student is hired.

Student Responsibilities:

I will check in with my assigned area supervisor when I arrive each day and again before I leave each day.

Once I have completed all assigned tasks, I will ask for additional assignments. If an additional assignment is not available, I understand that I will be expected to assist in other areas.

I will call in at least 30 minutes before the beginning of my shift should I not be able to report for work due to illness.

I will ask for time off at least two working days in advance. I will not assume that my request will be granted.

Terms and Conditions (Continued)

Work Schedule:

I will work according to my pre-arranged schedule, I will not work outside of the schedule, unless prior arrangements have been made, I will not ask to leave before the end of my scheduled time unless it is an emergency and arrangements are made prior to leaving.

I will work in blocks of time no less than 2 hours, unless prior arrangements have been made.

The student and the supervisor understand that the student cannot exceed 20 hours per week 8 hours in a given day. If a student works in more than one position on-campus, the combined hours cannot exceed 20 hours in a week or 8 hours in a given day. Doing so may jeopardize their position with Student Employment.

Timesheets and Payroll:

I am responsible for submitting my timesheet. If I do not submit it on the due date, I understand that I may not be paid for hours earned until the next pay period.

The student and the supervisor must keep track of the student's hours and submit a completed timesheet to the <u>Student Employment Office</u>.

The student is responsible for notifying the Admissions & Records and Student Employment of any changes in name, address, phone number.

Warning/Dismissal Process and Requirements:

If the student is dismissed by the supervisor or if the student voluntarily resigns, a <u>Warning/Dismissal Form</u> must be signed by and forwarded by the supervisor to the Student Employment Office immediately.

Prior to dismissal, the student should be granted 2 warnings <u>UNLESS</u> extenuating circumstances apply or funding is exhausted.

If a student is involuntary dismissed from an off-campus position, they may not return to another off-campus position.

All students must maintain half-time enrollment (MINIMUM 6.0 UNITS FALL & SPRING, MINIMUM 3.0 UNITS FOR SUMMER & WINTER). Student Employment is limited to a total of 16 semesters/4 years.

All students employed must maintain a cumulative 2.0 G.P.A. or higher to continue working each semester and FWS recipients must also meet financial aid Satisfactory Academic Progress (SAP) requirements. Students not meeting these requirements may be placed on a "Warning Period" or may be dismissed from their position.

Terms and Conditions (Continued)

If the requirements for the "Warning Period" are not met, the student will be determined ineligible and dismissed from their position. During the ineligible semester, students must enroll in at least 6 units and earn a cumulative 2.0 G.P.A. for future employment through the Student Employment Department for the Riverside Community College District.

Important:

The student and the supervisor understand that the student <u>MUST</u> submit all completed necessary Student Employment hire documents <u>BEFORE</u> a hire date will be issued. All documents need to be completed correctly. <u>FAILURE TO SUBMIT CORRECT AND COMPLETE DOCUMENTS</u>, WILL RESULT IN PROCESSING DELAYS OF THE STUDENT'S FILE.

STUDENTS MAY NOT BEGIN WORKING UNTIL A HIRE DATE HAS BEEN ISSUED IN WRITING TO THE SUPERVISOR.

By signing below, I have read and understand the Terms & Conditions for Student Employment. I also understand that non-compliance may result in Dismissal of my employment.

Employee Name

Student ID Number

Date

Hiring Department/Site

Riverside Community College District Student Employment FERPA Agreement

STATEMENT OF UNDERSTANDING OF THE FAMILY EDUCATIONS RIGHTS AND PRIVACY ACT:

I understand that by virtue of my employment through the Riverside Community College District, I may have access to records which contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates the Riverside Community College District's disclosure of information policy and could constitute just cause for disciplinary action including termination of my employment regardless of whether criminal or civil penalties are imposed.

For more information on FERPA regulations please refer to the RCCD website at <u>http://www.rccd.edu/Pages/ferpa.aspx</u>.

Hiring Department / Site								
College:	□ Riverside	Moreno Valley	Norco	Giff-Campus				
Student ID N	Number							
Employee N	Jame							
Employee St	ignature			Date				

EMPLOYEE (AB 1522) SICK LEAVE ACKNOWLEDGEMENT FORM

In addition to illness, employees may use accrued sick leave under the following circumstances: diagnosis, care, treatment of existing health condition or preventative care for the student or a family member*; or when the employee is a victim of domestic violence, sexual assault or stalking. All requests will be in writing. However, in an emergency situation, the employee is expected to contact the supervisor by phone, text or email to make the request.

Whenever possible, the employee shall provide advance notification to the supervisor at least three (3) working days prior to the intended absence. Notification may be in person, by phone, text or email. If the need for the use of sick leave is unforeseeable, the employee shall provide notice to the supervisor as soon as practicable.

I have read and understand the above.

Employee Signature

Name

Date: _____

*Family member is defined as a child (biological, adopted, foster, step, legal ward; biological, adoptive or foster parent, stepparent, or legal guardian of the individual or individual's spouse or registered domestic partner; spouse; registered domestic partner; grandparent; grandchild; sibling.



Learning Aligned Employment (LAEP) **Student Eligibility Requirements** (ONLY REQUIRED FOR STUDENTS IN THE LAEP PROGRAM)

- Underrepresented Eligibility: (Must select at least one to be eligible) I.
- First generation college student Ο
- Low-income or financial aid eligible Ο
- Current or former foster youth Ο
- Homeless or At-Risk of Homelessness Ο
- Student with Disability Ο
- Displaced Worker (laid-off from previous employment) Ο
- Student with Dependent Children Ο
- Formerly Incarcerated Students 0
- **Undocumented Student** 0
- Veteran Student Ο
- LAEP Criteria Eligibility: II. (By signing below you are indicating that you meet the following criteria)
- At least half-time enrolled (6 units in Fall/Spring and 3 units Win/Sum)
- California resident
- Meets Satisfactory Academic Progress requirements
- Demonstrates financial need
- Has and will maintain good academic standing
- Eligible to work in the United States
- III. Major:_____
- IV. Sign and Date

I certify that all of the above information is true and accurate to the best of my knowledge.

Employee's Signature: _____ Date: _____