

REHIRE

EMPLOYEE INFORMATION FORM

(PLEASE TYPE FORM)

Academic Year 2023/2024

Employee's Signature:

1. Student's Name (Exactly as Written on S	Social Security Card)		
Last:	First:		Middle I:
2. Social Security #:			
Check here if address is different than w	hat we had last academic year.		
3. Street Address:	Cit	y:	State: Zip Code:
3. Street Address: Street Ad	dress or P.O. Box		
4. Telephone Number:			
5. E-Mail Address:			
6. Emergency Contact: Last Name:(Mandatory)		First Name:	
`	lationship to you: Daytime Phone Number		
7. Name of department/hiring site:			
Name of hiring supervisor:			
or realize of mining supervisors.			
II. Please read and check of	ff each agreement.		
I understand I must maintain a min	imum half-time enrollment (6.0 units for	Fall/Spring, and 3.0 units	for Summer and Winter).
I understand I must maintain a min	imum 2.0 <u>cumulative</u> GPA.		
I understand I must have Norco Co.	llege listed as my designated home college n	ith Admissions and Record.	's.
I understand that if I fall below half-	time enrollment and/or my cumulative GF	PA falls below a 2.0, <u>I maı</u>	y be dismissed from my position.
I understand that the hiring departm	nent/site or its funding is subject to change.		
I understand that I am limited to we	orking no more than 8.0 hour per day, and	d no more than 20 hours per	r week.
			nt Employment Office and written notification I work prior to my employment authorization
III. Sign and Date			
I certify that all of the above information is	s true and accurate to the best of my	y knowledge.	

Date: