

Learning Aligned Employment (LAEP) EMPLOYEE INFORMATION FORM REHIRE

Academic Year 2023/24

(PLEASE TYPE FORM)

I.	Personal	l Inf	formation
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1. Student's Name (Exactly as Written on Social Secu	urity Card)						
Last:	First:	Middle	I:				
2. Other name(s) used at this school:							
3. Street Address: Street Address or P.O.	City:	State:	Zip Code:				
Street Address or P.O.	Box						
4. Social Security #:	5. Student ID #:						
6. Date of Birth (MM/DD/YYYY):	7. □ Male □ Female □ Other						
8. Telephone Number:							
9. Norco College E-Mail Address:							
10. Emergency Contact: Last Name:(Mandatory)	First Name:						
Relationship to you:	Daytime Phone Number						
11. Name of department/hiring site:							
12. Name of hiring supervisor:							
II. Eligibility Requirements:	"		111/2"				
v	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>cum</u>	I understand I must maintain a minimum 2.0 <u>cumulative</u> GPA.						
I understand I must have Norco College listed as m	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 enrollmen	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 f	I understand that the hiring department/site or its funding is subject to change.						
I understand that I am limited to working no more	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 acc	curate to the best of my knowledge.						
Employee's Signature:		Date:					

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.

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	
Data:		

^{*}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.