

# Norco College Student Employment

## REHIRE CHECKLIST

### REQUIRED FORMS

#### REHIRES ONLY:

- ☐ EMPLOYEE INFORMATION FORM
- ☐ SICK LEAVE ACKNOWLEDGEMENT FORM

### REQUIRED FORMS

#### ADD OR TRANSFERS ONLY:

- ☐ EMPLOYEE INFORMATION FORM
- ☐ GO OVER TERMS AND CONDITIONS WITH NEW HIRING SUPERVISOR.

### FEDERAL WORK- STUDY (FWS)

#### FAFSA FILE (FWS EMPLOYEES ONLY)


- ☐ COMPLETED 21/22 FAFSA APPLICATION
- ☐ COMPLETED FINANCIAL AID FILE WITH NORCO COLLEGE'S FINANCIAL AID OFFICE.

FINANCIAL AID EMAIL: [studentfinancialservices@norcocollege.edu](mailto:studentfinancialservices@norcocollege.edu)

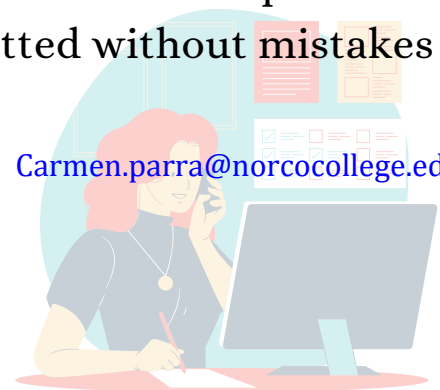
LEAVE A MESSAGE: 951-372-7009

REQUEST A ZOOM MEETING TO SPEAK STAFF MEMBER:

[Zoom Meeting Link](#)

 We are temporarily accepting scanned copies of these forms Until Further notice. Employees will need to complete print, sign and scan/email the forms along with the required documents to your hiring department/site manager for processing. Typed forms are preferred but may be completed in ink and must be submitted without mistakes or whiteout.

For assistance with any forms please email: [Carmen.parra@norcocollege.edu](mailto:Carmen.parra@norcocollege.edu)





**REHIRE  
EMPLOYEE INFORMATION FORM**  
(PLEASE TYPE FORM)

Academic Year 2021/2022

**I. Personal Information**

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

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle I: \_\_\_\_\_

2. Social Security #: \_\_\_\_\_ 3. Student ID #: \_\_\_\_\_

**Only complete address if it has changed from the previous year.**

3. Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Street Address or P.O. Box

4. Telephone Number: \_\_\_\_\_

5. Norco College E-mail: \_\_\_\_\_

6. **Emergency Contact:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(Mandatory)

Relationship to you: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

7. Name of department/hiring site: \_\_\_\_\_

8. Name of hiring supervisor: \_\_\_\_\_

**II. Please read and check off each agreement.**

\_\_\_\_\_ 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 cumulative 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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please sign form and email form to [carmen.parra@norcocollege.edu](mailto:carmen.parra@norcocollege.edu)**