



## 2025/2026 Student Employment Action Form

### Funding Source

- ☐ Ed. Assistant
- ☐ Department Funded
- ☐ Federal Work-Study
- ☐ CalWORKs
- ☐ International Student

Hiring Department: \_\_\_\_\_ \*If your department isn't listed, please type it in.

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

1a. Student's Preferred Name: \_\_\_\_\_

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

4. Student Aide Level: \_\_\_\_\_

3. Pay Rate (Refer to list of job titles):\$ \_\_\_\_\_ 5. Job Title: \_\_\_\_\_

### 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.

Answer the following to determine "Rehire" status:

- Has the student ever worked through the Student Employment Office? ☐ Yes ☐ No
- Is the student currently working? ☐ (If yes see the Add & Transfer sections below)

**Add Budget-** a student currently working in a department and the supervisor wishes to add or change funding sources.

**Add Dept-** 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.

- What hiring site is the student transferring from? \_\_\_\_\_

### 6. Complete Funding Source below:

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

- |  |                                    |   |                                     |
|--|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> On Campus Department: | 12-EZE-1190-0-7091-0304-2331 (75%) | <input type="checkbox"/> Community Service: | 12-EZE-1190-0-7091-0300-2331 (75%)  |
|  | 12-EZE-1190-0-6460-0304-2331 (25%) |   | 12-EZE-1190-0-6460-0300-2331 (25%)  |
| <input type="checkbox"/> CalWORKs:             | 12-ECW-1190-0-6020-4367-2331(75%)  | <input type="checkbox"/> Reading Tutor:     | 12-EZE-1190-0-7091-0301-2331 (100%) |
| (25% FWS Match)                                | 12-EZE-1190-0-7091-0305-2331 (25%) |   |                                     |
| <input type="checkbox"/> Math Tutor:           | 12-EZE-1190-0-7091-0302-2331(100%) | <input type="checkbox"/> Literacy:          | 12-EZE-1190-0-7091-0303-2331(100%)  |

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

- |          |          |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

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

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

Dean, Dept Chair, Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If required)

**NEXT PAGE IS FOR STUDENT  
EMPLOYMENT OFFICE USE ONLY.**

# NORCO COLLEGE

## 2025/2026 Student Employment Budget Control Slip

☐ NEW HIRE ☐ REHIRE ☐ ADD BUDGET ☐ ADD DEPT ☐ TRANSFER ☐ ED. ASSISTANT

### Student Employee's Information:

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

Preferred Name: \_\_\_\_\_

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 (100%)
- ☐ Math Tutor: 12-EZE-1190-0-7091-0302-2331 (100%)
- ☐ Literacy: 12-EZE-1190-0-7091-0303-2331 (100%)
- ☐ 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 INELIGIBLE After Hire Date:

Ineligible Date: \_\_\_\_\_

☐ Appeal Approved Date: \_\_\_\_\_

☐ Appeal Denied Date: \_\_\_\_\_

### Galaxy Information:

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

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

All Student Employee's

Position End Date is June 30, 2026

☐ 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:

### Department Budget Information:

Hiring Site: \_\_\_\_\_

Budget Codes:

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

### Transfer Information:

Original Hiring Site: \_\_\_\_\_

Budget Information: FWS Funded Department Funded CalWORKs Funded Ed. Assistant