(FORM MUST BE TYPED)

Funding Source

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

NORCO COLLEGE

202/2027 Student Employment Action Form

RESET

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 #:** _____

3. **Pay Rate** (Refer to list of job titles): $ _____

4. **Student Aide Level:** _____

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:

☐ **On Campus Department:**	**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%)**
☐ **CalWORKs:** *(25% FWS Match)*	**12-ECW-1190-0-6020-4367-2331(75%)** **12-EZE-1190-0-7091-0305-2331 (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%)**

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 EMPLOYENT OFFICE USE ONLY.

NORCO COLLEGE

2026/2027 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:** _____

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 ☐

Galaxy Information:

EMPLOYEE #:_____

Hire Date: _____

All Student Employee's

Position End Date is June 30, 2027

☐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: _____

Reimbursments:

☐ 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:

_____

_____

_____

_____

_____

_____