Mark all that apply:		
FWS	District	Calworks

PROMOTION REQUEST FORM
Riverside Community College District
Student Employment

_____
Student Name – As Printed on Social Security Card   (Please Print)

_____
Social Security Number

_____
Hiring Site Name   Location

_____
Supervisor Name   Phone # and Extension

_____
District Budget Code #2

_____
Department Budget Code #4

_____
District Budget Code #1

_____
Department Budget Code #3

_____
Department Budget Code #5

New rate requested $_____   Old Position Title: Student Aide   New Position Title: Student Aide   Reason for Increase: ¨ ¨¨¨¨Added duties   ¨¨¨¨¨¨¨More advanced skills required to complete new tasks
(Must have a Position Request Form on file)

Supervisor's Signature: _____   Date: _____

** Please Note: It may take one or two full pay cycles for a pay increase to take effect **

STUDENT INFO

FOR OFFICE USE ONLY

Federal Work Study (FWS)

CGPA _____

Current/Last Enrolled Units _____ Term _____

_____ - _____ / _____ = _____   OC   AMR   AMC   CS   LT
Award Amount   YTD Earnings   Pay Rate   Balance of Hours   Program (Circle One)

Calworks (CWS)

_____ - _____ / _____ = _____
Award Amount   YTD Earnings   Pay Rate   Balance of Hours

DISTRICT

	Balance	Projected Earnings	Remain Mths	Monthly Earnings	Potential Balance		
Budget Code #1 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	X _____	- Balance = _____		❏ OK	❏ Transfer Required
Budget Code #2 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	X _____	- Balance = _____		❏ OK	❏ Transfer Required
Budget Code #3 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	X _____	- Balance = _____		❏ OK	❏ Transfer Required
Budget Code #4 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	X _____	- Balance = _____		❏ OK	❏ Transfer Required
Budget Code #5 YTD Earnings: _____	Balance: _____	Projected Earnings: _____	X _____	- Balance = _____		❏ OK	❏ Transfer Required

Effective Payroll: _____   ❏ Pending Transfer # _____   for budget(s) # _____

Approved ❏   Denied ❏   Signature: _____   Date: _____
Student Employment Dean/Director/Manager

Original to Student Employment ◆ Student and Supervisor: processed copies will be returned