(FORM MUST BE TYPED)

NORCO COLLEGE

2022/2023 Student Employment Action Form

RESET

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

(Department Funded Required)

Hiring Department: _____ If your department isn't on the scroll down, just type it in.

1. **Student's Last Name:**_____ **Student's First Name:** _____
2. **Student's ID #:**_____
3. **Pay Rate** (Refer to list of job titles):$ **4. STUDENT AIDE:**

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-** 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:

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

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

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%)

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

☐ **Math Tutor:** 12-EZE-1190-0-7091-0302-2331(100%)

☐ **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%)

☐ **Literacy:** 12-EZE-1190-0-7091-0303-2331(100%)

Supervisor's Name:_____Phone #:_____x_____

Supervisor's Signature:_____**Date:** _____

Dean, Dept Chair, DirectorSignature: _____
(If required)

PLEASE EMAIL SIGNED FORMS TO:
carmen.parra@norcocollege.edu

NEXT PAGE IS FOR STUDENT EMPLOYENT OFFICE USE ONLY.

NORCO COLLEGE
Student Employment
Budget Control Slip

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

Student Employee's Information:

Name: _____
Last Name, First MI

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

☐ Math Tutor: 12-EZE-1190-0-7091-0302-2331

☐ Literacy: 12-EZE-1190-0-7091-0303-2331

☐ 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 student becomes
INELIGIBLE After Hire Date:
Ineligible Date: _____
☐ Appeal Approved Date: _____
☐ Appeal Denied Date: _____

Department Budget Information:

#1 Hiring Site: _____
Budget Code _____
#2 Hiring Site: _____
Budget Code _____
#3 Hiring Site: _____
Budget Code _____
#4 Hiring Site: _____
Budget Code _____
#5 Hiring Site: _____
#4 Hiring Site: _____
Budget Code _____

Transfer Information:

Hiring Site: _____
Budget Information: FWS Funded Department Funded

Galaxy Information:

EMPLOYEE #: _____

Hire Date: _____

All Student Employee's
Position End Date is June 30, 2023

☐ 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:
_____
_____
_____
_____
_____
_____