**Supervisor (all fields must be complete and typed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **( ) -**  |

 Student ID Number Job Number Phone Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Student’s Last Name First Name Email

|  |  |  |
| --- | --- | --- |
|  |  |  |

 Street Address, Apartment Number, City, State, Zip Date of Birth *(MM/DD/YY)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

 Department Supervisor(s) Hours Per Week

|  |  |  |  |
| --- | --- | --- | --- |
| Will Student be allowed/required to drive a district vehicle? (i.e. Car/Golf cart/Van) |  | If “Yes” |  |

 Driver’s License Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Budget Code: | **- - -** |  |  | % |
|  | **- - -** |  |  | % |

Budget Approval (i.e. CalWORKs, Athletics) Supervisor’s Signature Date

**Administration**

|  |  |
| --- | --- |
| Approved | **** |
| Denied | **** |

 Administrator’s Signature Date

**Office Use Only**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Approved | **** | Packet I | **** | CCN | **** | FP Results |  |
| Denied | **** | Packet II | **** | PET | **** |

Start Date: ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notification to Supervisor/Student: \_\_\_\_\_\_ Awarded Amount: \_\_\_\_\_\_\_\_\_\_ Removed CCN: \_\_\_\_\_\_\_

Program: IWS ****  FWS **** CalWORKs ****

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Summer 18 | Units: |  | SAP |   | Unit Check/Comments |  |
| Fall 18 | Units: |  | SAP |   | Unit Check/Comments |  |
| Spring 19 | Units: |  | SAP |   | Unit Check/Comments |  |
| Summer 19 | Units: |  | SAP |   | Unit Check/Comments |  |
| Fall 19 | Units: |  | SAP |   | Unit Check/Comments |  |

 Work Study Coordinator/Financial Aid Signature

**Releasing the Student (Complete this section and forward a copy to the Work Study Coordinator)**

|  |  |  |
| --- | --- | --- |
|  |  |  |

Last Day Worked Reason For Release

Would you recommend student for rehire? **** Yes **** No

 Supervisor’s Signature Date