Request for Student Employment
2020-2021

Supervisor (ALL FIELDS MUST BE COMPLETE AND TYPED**)**

Student ID Number	Job Number	Phone Number

Student's Last Name	First Name	Email

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

Department	Supervisor (person(s) signing timecard)	Hours Per Week

Will Student be allowed/required to drive a district vehicle? (i.e. Car/Golf cart/Van) ☐ Yes ☐ No   If "Yes" _____

DL Number

Budget Code: _____   _____ %

_____   _____ %

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

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Administrator

Approved   ☐

Denied   ☐   Administrator's Signature   Date

Work Study Coordinator Use Only

Approved   ☐   Packet I   ☐

Denied   ☐   Packet II   ☐   CCN   ☐   FP Results _____

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

Program: IWS ☐   FWS ☐   CalWORKs ☐

Summer 2020	Units: _____	SAP _____	Comments _____
Fall 2020	Units: _____	SAP _____	Comments _____
Spring 2021	Units: _____	SAP _____	Comments _____
Summer 2021	Units: _____	SAP _____	Comments _____
Fall 2021	Units: _____	SAP _____	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

(06-22-2020 CB)