

<p><b>Student Assistant Election Request Check Off List for Continuing (No Break) Employee</b></p>
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| <input type="checkbox"/> Board Election Complete |
| a. Top Portion Filled Out Completely             |
| b. Budget Officer Signature                      |
| c. All Appropriate Signatures                    |
|  |

# STUDENT ASSISTANT ELECTION REQUEST

Work Location:  District Office  Evergreen Valley  San Jose City

Off Campus: \_\_\_\_\_  
(i.e. WIN/CalWorks)

Student Trustee  Student Mentor (\$15.00/hour)  Athletics Lab Assistant (\$15.00/hour)  
 Student Assistant (\$15.00/hour)  Tobacco Peer Educator (\$15.00/hour)  Athletics Event Assistant (\$15.00/hour)  
 Classroom/Lab Tutor (\$15.00/hour)  Student Services Runner (\$15.00/hour)  Athletics Office Assistant (\$15.00/hour)  
 Community Service Officer Cadet (\$15.00/hour)  Camp Aide Student Assistant (\$15.00/hour)

**For Off Campus Workstudy Use Only**

Student Assistant (\$15.00/hour)  
Rate of Pay: \$ \_\_\_\_\_ /hour

Program:  College Work Experience Program  FWS Student Assistant (\$15.00/hour)  WIN/CalWorks

**Employee Information:** (Verify most current information)

Employee ID # \_\_\_\_\_ Position ID (If you) \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_  Cell  Home

Gender:  Male  Female

1. Previously on District payroll?  Yes  No If yes, when? \_\_\_\_\_

2. Relatives in employment by District?  Yes  No  
If yes, name(s): \_\_\_\_\_

3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO?  Yes  No If yes, what dept.? \_\_\_\_\_  
What is/was your title? \_\_\_\_\_

4. Currently an International Student?  Yes  No

Birthdate: \_\_\_\_\_

Department: \_\_\_\_\_

Units Load: \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Will be taking classes during the summer/intersession?  Yes  No  
If yes, must check one:  Enrolled in the previous semester in a minimum of 6 units.  Not enrolled in the previous semester in a minimum of 6 units or dropped below 6 units in the previous semester.

**Position Information:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Work Schedule: \_\_\_\_\_  
(Attach work calendar)

Hours/Days: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

**Specific Job Duties (Must be completed):**

Required Employment Documents for New or Returning Employees than one year since employed)  I-9  DE4/W4  Copy of Acceptable Documents from List A or B & C from Form I-9  Applicant Employee Survey

Also required for International Students:  Employment Information Form  Personal Data Report Form  Payroll Information Form  Documents Already on File

I-94, I-20, Visa, and Valid Passport Bio Page  Workers' Comp. Physician Form

**Account Information:**

Account #: \_\_\_\_\_ % \_\_\_\_\_

Account #: \_\_\_\_\_ % \_\_\_\_\_

**Employment Authorization:**

Election Request Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Name of Supv: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Area Admin/Dean: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic/Admin. Svs./Budget Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Human Resources Processing: Approved By: \_\_\_\_\_ Processed By: \_\_\_\_\_ BE Date: \_\_\_\_\_ App/Docs on File: \_\_\_\_\_

Notes: \_\_\_\_\_

Bus. Serv. Rvw. \_\_\_\_\_ Position ID (For Timesheet): \_\_\_\_\_ Rate of Pay: \$ \_\_\_\_\_ /hour

HR /12/11/2018