

<p style="text-align: center;">Student Assistant Election Request Check Off List for Continuing (No Break) Employee</p>
--

- | |
|--|
| <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 (\$15.45/hour) Athletics Lab Assistant (\$15.45/hour)
 Student Assistant (\$15.45/hour) Tobacco Peer Educator (\$15.45/hour) Athletics Event Assistant (\$15.45/hour)
 Classroom/Lab Tutor (\$15.45/hour) Student Services Runner (\$15.45/hour) Athletics Office Assistant (\$15.45/hour)
 Community Service Officer Cadet (\$15.45/hour) Camp Aide Student Assistant (\$15.45/hour)

For Off Campus Workstudy Use Only

Student Assistant (\$15.45/hour)
Rate of Pay: \$ _____ /hour

Program: College Work Experience Program FWS Student Assistant (\$15.45/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 I-9 DE4/W4 Copy of Acceptable Documents from List A or B & C from Form I-9 Applicant Employee Survey
than one year since employed) Employment Information Form Payroll Information Form Documents Already on File
Also required for International Students: Personal Data Report Form Workers' Comp. Physician Form
 I-94, I-20, Visa, and Valid Passport Bio Page

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 12/15/2020