

<p>Student Assistant Election Request Check Off List for Continuing (No Break) Employee</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 |
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STUDENT ASSISTANT ELECTION REQUEST

Work Location: ☐ District Office ☐ Evergreen Valley ☐ San Jose City

☐ Off Campus: _____
(i.e. WIN/CalWorks)

☐ Student Trustee ☐ Student Mentor (\$18/hour) ☐ Athletics Lab Assistant (\$18/hour)

☐ Student Assistant (\$18/hour) ☐ Tobacco Peer Educator (\$18/hour) ☐ Athletics Event Assistant (\$18/hour)

☐ Classroom/Lab Tutor (\$18/hour) ☐ Student Services Runner (\$18/hour) ☐ Athletics Office Assistant (\$18/hour)

☐ Community Service Officer Cadet (\$18/hour) ☐ Camp Aide Student Assistant (\$18/hour)

For Off Campus Workstudy Use Only

☐ Student Assistant (\$18/hour)
Rate of Pay: \$ _____ /hour

Program: ☐ College Work Experience Program ☐ FWS Student Assistant I (\$18/hour) ☐ WIN/CalWorks (\$18/hour)

☐ FWS Student Assistant II (\$19/hour) ☐ LAEP (\$18/hour)

Employee Information: (Verify most current information)

Legal Last Name	Legal First Name	Legal M.I.	Employee ID #	Position ID
Address (Street, City, State, Zip)			Social Security #	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	1. Previously on District payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____	
Birthdate: _____	2. Relatives in employment by District? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when? _____	
Department: _____	3. Currently (or in this recent semester) working/volunteering for SJCC/EVC/DO? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what dept.? _____	
	4. Currently an International Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		What is/was your title? _____	
Units Load: _____ Semester: _____ Year: _____				
Will be taking classes during the summer/intercession? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, must check one: <input type="checkbox"/> Enrolled in the previous semester in a minimum of 6 units. <input type="checkbox"/> 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: _____

Hours/Days: _____ Hours/Week: _____ (Attach work calendar)

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 ☐ Payroll Information Form ☐ Documents Already on File

☐ 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: _____

Name of Supv: _____ Signature: _____ Date: _____

Area Admin/Dean: _____ Signature: _____ Date: _____

Academic/Admin. Svs./Budget Officer: _____ Signature: _____ Date: _____

Human Resources Processing:

Approved By: _____ Processed By: _____ BE Date: _____ App/Docs on File: _____

Notes: